Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **June 16-30.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

| AP | PLIC | ATION | FOR | |
|----|------|-------|--------|----|
| FE | DERA | AL AS | SISTAN | CE |

| FEDERAL ASSISTANCE [2] | | 2. DATE SUBMITTED Applicant Identifier | | | | |
|---|------------------------------|--|--------------------------------------|--|----------------------------|-----|
| I EDENAL ACCIONA | 102 | June 27 | June 27, 2003 | | | |
| 1. TYPE OF SUBMISSION: | | 3. DATE RECEIVED BY | STATE | State Application Identifier | | |
| Application Construction | Preapplication Construction | 4. DATE RECEIVED BY | FEDERAL AGENCY | Federal Identifier | | |
| ✓ Non-Construction | ☐ Non-Construction | | | | | |
| 5. APPLICANT INFORMATION Legal Name: | | | Organizational Unit: | | | |
| The Regents of the L | Iniversity of Califo | rnia | | riculture and Natur | al Resources | |
| Address (give city, county, State, | | | | number of person to be conta | acted on matters involving | |
| 1111 Franklin Street, 6th Floor Oakland, Alameda County, California 94607-5200 | | | Carol Bermar | area code) 1 510-987-0050 | | |
| 6. EMPLOYER IDENTIFICATION | | | | ANT: (enter appropriate letter | in box) | |
| 8. TYPE OF APPLICATION: | | | A. State B. County | H. Independent School Dist I. State Controlled Institution | | |
| | Continuation | Revision | C. Municipal | J. Private University | not higher Learning | |
| | | | D. Township | K. Indian Tribe | | |
| If Revision, enter appropriate lette | | E. Interstate F. Intermunicipal | L. Individual M. Profit Organization | | | |
| A. Increase Award B. Decrease Award C. Increase Dur | | e Duration | G. Special District | N. Other (Specify) | | |
| D. Decrease Duration Other(s | врвспу): | | 9. NAME OF FEDERA | AL AGENCY: | | |
| | | | USDA | | | |
| 10. CATALOG OF FEDERAL DO | MESTIC ASSISTANCE N | | 11. DESCRIPTIVE TI | TLE OF APPLICANT'S PRO | JECT: | |
| | | 1 0 - 7 7 1 | Advancing Rural | Development in California | PECEIVE | - |
| TITLE: Raral Coope | rative Development | | : | | I I LOLIVE | - 1 |
| 12. AREAS AFFECTED BY PRO | OJECT (Cities, Counties, Sta | ates, etc.): | | | JUN 3 0 20 | |
| California Rural Counties | | | | | JUN 3 1 20 | UJ |
| 13. PROPOSED PROJECT | 14. CONGRESSIONAL DI | | | | STATE CLEARING H | IOI |
| Start Date | a. Applicant Distri | | b. Project | Statewide | OCT.MINACL | 100 |
| 15. ESTIMATED FUNDING: | | | 16. IS APPLICATION | SUBJECT TO REVIEW BY | STATE EXECUTIVE | |
| | | DO. | ORDER 12372 PR | ROCESS? | | |
| a. Federal | \$ | 327,748 | a. YES. THIS PREA | APPLICATION/APPLICATION | WAS MADE | |
| b. Applicant | \$ | 225,612 | | ETO THE STATE EXECUTIVE FOR REVIEW ON: | /E ORDER 12372 | |
| c. State | \$ | .00 | DATE | 06/27/03 | | |
| d, Local | \$ | , DD | h No. T PROGRA | AM IS NOT COVERED BY E. | O 10370 | |
| e. Other | \$ | .00 | | GRAM HAS NOT BEEN SELI | 1 | |
| f. Program Income | \$ | ĐO | 17. IS THE APPLICAN | NT DELINQUENT ON ANY F | EDERAL DEBT? | |
| g. TOTAL | \$ | 553,360 | - | attach an explanation. | ☑ No | |
| 18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T | AUTHORIZED BY THE GO | VERNING BODY OF THE | | | | |
| a. Type Name of Authorized Repr Carol Berman | | b. Title Contracts and Gran | ts Coordinator | c. Telephone Number (510) 987-0050 | | |
| d. Signature of Authorized Repres | aro 26m | | | e. Date Signed 6/27 | 103 | |
| Previous Edition Usable | | | | Standard Form 4: | 24 (Rev. 7-97) | |

Authorized for Local Reproduction

| APPLICATION | | end C CI O RO C | | . QMB Approval No. 4848-4843 |
|---|---------------------------|--|--|---------------------------------------|
| FEDERAL ASS | ISTANCE | <u> 18 18 18 18 18 18 18 18 </u> | 2. DATE SUBMITTED | Applicant Identifier |
| 1. TYPE OF SUBMISSIO | N: 1117 | gang pamahal 1980-1999, menjada penjadah dan 1999 penjangan dalam dan pembahan di sambah 1999-1999 penjadah dan Pembahan | June 27, 2003 | |
| Application | Pro-application | - 73 3 40 | 3. DATE RECEIVED BY STATE | State Application Identifier |
| Construction | Construction | JUN 3 0 EV93 | | |
| | | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifiar |
| X Non-Construction | Non-Construction | The second secon | | F-51-R |
| S. APPLICANT INFORMA | TION A | | - All Control | Amendment #35 |
| Legal Name: | STATE OF CAL | IFORNIA | Organizational Unit: | |
| Address (give city, county, | state and zip code): | | Department of Fish and | d Game |
| Dept of Fish 8 | Game - Fisheries Pr | ograms Branch | Name and telephone number of the person to be | compaced on matters involving this |
| 1812 Ninth Str | eet | | application (give area code): | |
| Sacramento, C | | | Carolyn Murata (9 | 16) 445-3559 |
| 6. EMPLOYER IDENTIFIC | | | 7. TYPE OF APPLICANT: (enter appropriate lot | dor. <u>A</u>): |
| | 94-1697567 | | A. State | H. Independent School Dist. |
| B. TYPE OF APPLICATIO | | p | B, County | I. State Controlled Instruction |
| New | X Continuation | Revision | C. Municipal | of Higher Learning |
| If Ravision, enter appropria | ata letter(s) in bax(as): | | D. Township | J. Privato University . |
| | | | E. Interstate | L Individual |
| A. Increase Award | B, Docreese Award | | F. Intermunicipal | M. Profit Organization |
| C. Increase Duration | D. Decrease Duration | | G. Special Dietrict | N, Othar (Specify) |
| E. Other (specify): | | | | |
| 15-605 | AL DOMESTIC ASSISTANCE | NUMBER: | 9. NAME OF FEDERAL AGENCY: | 1.4.2. |
| TITLE: | Sport Fish Rest | aratian A <i>at</i> | U.S. Department of the | |
| | SPORT TIST REST | | U.S. Fish and Wildlife | |
| TE PARCAGAITECTED | FROJECT (diles, countida | s, states, etc.): | 11. DESCRIPTIVE TITLE OF APPLICANTS PRO | |
| Statowie | le - Californi | _ | inland & Anadromous Sport | • |
| Statewic | ie - Calliorni | a | Project. Amendment #35 exte | |
| | _ | 7 | an additional 5 years. New & | revised project |
| 13. PROPOSED PROJEC | 7 | | statements are attached. | |
| Start Date 07/01/03 | Ending Date 06/30/08 | 14, CONGRESSIONAL DISTRICT | rs of: | |
| 15. ESTIMATED FUNDING | | Ja. Applicani | | b. Project |
| 8. Federal | \$23,077,609 | | | Statewide (99) |
| id. Pasarar | Ψ23,077,003 | | SUBJECT TO REVIEW BY STATE EXECUTIVE (| |
| b, Applicant | | 3 | EAPPLICATION/APPLICATION WAS MADE AVAIL EXECUTIVE ORDER 12372 PROCESS FOR REV | |
| , | | SINIE | EXECUTIVE ORDER 123/2 PROCESS FOR REV | ENO ON: |
| c. Stale | \$7,692,536 | Date: | (Mans 27, 2003 | • |
| | , , , , , , , | | OGRAMIS NOT COVERED BY E.O. 12372 | - |
| d, Local | | 1 | PROGRAM HAS NOT BEEN SELECTED BY STA | TE FOR REVIEW |
| | | | | · · · · · · · · · · · · · · · · · · · |
| a, Other | | 17. IS THE APPLICA | TION DELINQUENT ON ANY FEDERAL DEBT? | |
| f. Pragram Income | | | Yes", pitach an explanation | <u>X</u> No |
| g. TOTAL | \$30,770,145 | | , | |
| 18. TO THE BEST OF MY | · | ALL DATA IN THIS APPLICATION! | PREAPPLICATION ARE TRUE AND CORRECT. 1 | THE DOCUMENT HAS BEEN DULY |
| | | | ILL COMPLY WITH THE ATTACHED ASSURANCE | |
| a. Typed Name of Authoriz | | | b. Title: | c. Telephona Number |
| | Michael F. Harris | | Deputy Director, Admin. | (916) 653-4633 |
| d. Signature of Authorized I | Representative | | | e. Date Signed |
| | /:\$/ | | | |
| Approved for the Secretary | of the Interior | | | |
| The loves to the secretary | o ma intenor | | Titlet | Date |
| 9 ignature | | | | |
| Previous Editions Not Usabl | 9 | · · · · · · · · · · · · · · · · · · · | | Standard Form 424 (REV 4-88) |

Previous Editions Not Usable

Approved for the Secretary of the Interior

Standard Form 424 (REV 4-88) Prescribed by OMB Circular A-102

Date

Title:

| APPLICATION FOR FEDERAL ASSISTAN | NCF | 2. DATE SUBMITTED | | OMB Approval No. (| 0348-004 |
|---|----------------------------------|----------------------|--|---|----------|
| FEDERAL ASSISTAL | 10L | June 25, 20 | 03 | | |
| 1. TYPE OF SUBMISSION: | | 3. DATE RECEIVED BY | | State Application Identifier | |
| Applica2on | Preapplication | | | | |
| Construction | Construction | 4. DATE RECEIVED BY | FEDERAL AGENCY | Federal identifier | |
| Non-Construction | ☐ Non-Construction | | | | |
| 5. APPLICANT INFORMATION | | | | | |
| Legal Name: | | | Organizational Unit: | | |
| Association of B Address (give city, county, State, P.O. Box 2050 Oakland, CA 9460 6. EMPLOYER IDENTIFICATION | and zip code): | N 2 7 2003 | Name and telephone in this application (give a Eugene Y. L. 7. TYPE OF APPLICA | number of person to be contacted on matter rea code) 510-464-7910 eong, Executive Direct ANT: (enter appropriate letter in box) | |
| | | TEARING HOUS | A State | H. Independent School Dist. | |
| 8. TYPE OF APPLICATION: | STATE | LEARING HOUS | | I. State Controlled Institution of Higher Lea J. Private University | aming. |
| ☐ New | Continuation | Revision | C. Municipal D. Township | K. Indian Tribe | |
| If Revision, enter appropriate lette | er(s) in box(es) | | E. interstate | L Individual | |
| in Hevision, enter appropriate letter(s) in Exites) | | | F. Intermunicipal | M. Profit Organization | |
| | ease Award C. Increase | Duration | G. Special District | N. Other (Specify) local govt. | _ |
| D. Decrease Duration Other(s | pecily). | | 9. NAME OF FEDERA | AL AGENCY: | |
| | | | US Environ | mental Protection Age | ency |
| | | | Region 9 | | • |
| 10. CATALOG OF FEDERAL DO | MESTIC ASSISTANCE NU | JMBER: | (.) | TLE OF APPLICANT'S PROJECT: | |
| | r | 5 6 -4 5 6 | l . | | |
| Clean Water | | | San Francisco Estuary Project Implementation of Comprehensive | | |
| | 20 National E | | Tunservation and Management Plan | | |
| 12. AREAS AFFECTED BY PRO | JECT (Cities, Counties, Sta | ites, etc.): Alameda | | | |
| Contra Costa, Mar | rin, Napa, Son | noma, Sacrame | nto | Volo | |
| | Francisco : 14. CONGRESSIONAL DI | | San Mateo. | 1010 | |
| 13. PROPOSED PROJECT | 14. CONGRESSIONAL DI | STRICTS OF: | | | |
| Start Date Ending Date 9 / 1 / 03 1 2 / 31 / 0 | a. Applicant 4 9 | | b. Project 1-3, 6-10, | 12-16 | |
| 15. ESTIMATED FUNDING: | T / | | | SUBJECT TO REVIEW BY STATE EXEC | LITIVE |
| 15. ESTIMATED FUNDING: | | | ORDER 12372 PF | | 01112 |
| a. Federal | \$ | .∞ | 01.02.1.120.211 | | |
| | 406,68 | | a. YES. THIS PREA | APPLICATION/APPLICATION WAS MADE | |
| b. Applicant | 18,00 | 0 | | ETO THE STATE EXECUTIVE ORDER 12: FOR REVIEW ON: | 372 |
| c. State | \$ 410,00 | N | DATE III | ne 24, 2003 | |
| d. Local | \$ | | DATE JU | HE 24, 2003 | |
| u. LUCAI | • | • | b. No. PROGRA | AM IS NOT COVERED BY E. O. 12372 | |
| e. Other | \$ | | - | GRAM HAS NOT BEEN SELECTED BY ST. | ATE |
| | | | FOR REV | NEW | |
| f. Program income | \$ = - | .00 | | | |
| | | | 17. IS THE APPLICAL | NT DELINQUENT ON ANY FEDERAL DEE | BT? |
| g. TOTAL | \$ 834,68 | . 5 | Yes if "Yes," | attach an explanation. | No |

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE łΕ

| DOCUMENT HAS BEEN DULY AUTHORIZED BY TH | IE GOVERNING BODY OF THE APPLICANT AN | ID THE APPLICANT WILL COMPLY WITH TH |
|--|--|--------------------------------------|
| ATTACHED ASSURANCES IF THE ASSISTANCE IS | AWARDED. | |
| . Type Name of Authorized Representative | b. Title | c. Telephone Number |
| D | Para and the same Delication of the same | 1510 161 7010 |

Eugene Y. Leong

Executive Director

| 510-464-7910

d. Signature of Authorized Representative

e. Date Signed/

Previous Edition Usable Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

| APPLICATION | | | | | | |
|--|--|-------------------------------------|--|--|---|---|
| | FOR | | 2. DATE SUBMITTED | | Applicant Identifier | |
| FEDERAL ASS | | | 06/27/03 | | N/A | |
| 1. TYPE OF SUBMISS | | | 3. DATE RECEIVED BY | STATE | State Applicant Identifier | |
| Application | Preap | plication | | | N/A | |
| Construction | ☐ Co | nstruction | 4. DATE RECEIVED BY | FEDERAL AGENCY | Federal Identifier | |
| Non-Construction | n 🛛 No | n-Construction | | | N/A | |
| 5. APPLICANT INFOR | MATION | | | | | |
| Legal Name: San Dieg | go County Sherif | T's Department | | Organizational Unit: | Sheriff | |
| Address (give city, cou | nty, state, and zip | code | | Name and telephone | number of person to be contacted o | n matters involving this |
| P.O. Box 429 | 9000 | | GEIVI | application (give are | es W. Baumgart | |
| 9621 Ridgeh | aven Court | 1131 | | - In I Dame | s w. baumgart | |
| San Diego, C | | HHH n | 1N1 1 | Phone: (858 | 3) 571-4221 | |
| San Diego, C | | 727 00 | IN 27 2003 | | | |
| 6. EMPLOYER IDENT | IFICATION NUME | ER (EIN): | | TYPE OF APPLI | CANT: (enter appropriete letter in | box) B |
| | 956000934 | ISTATE | EARING HO | A. State | H. Independent School Dis | |
| | | | -EAKING HOI | JSE County Municipal | | ution of Higher Learning |
| 8. TYPE OF APPLICA | TION: | | | D. Township | J. Private University K. Indian Tribe | |
| | ⊠ New | ☐ Continuation | ☐ Revision | E. Interstate | L. Individual | |
| | | | | F. Intermunicipa | M. Profit Organization | |
| If Revision, enter appro | priate letter(s) in b | oax(es): | | G. Special Distr | ict N. Other (Specify) | |
| A. Increase Award | | | Increase Duration | A MANE OF FEDE | BAN ACENCY: | |
| D. Decrease Duration | on Other (sp | pecify): | | 9. NAME OF FEDE | | |
| | | | | 0.064 | Department of Justice | dua Camilado |
| | | | | Ojjiki | of Community Oriented Police | ing services |
| 10. CATALOG OF FE | DERAL DOMEST | IC ASSISTANCE I | NUMBER: | 11. DESCRIPTIVE | TITLE OF APPLICANT'S PROJECT | `: |
| | | 1 6 | 7 1 0 | San Die | ego Users Networ | k (SUN) |
| | _ l | | | Upgrade | | 1. (5011) |
| TITLE: 2003 Tech | | | | 0 6 9 2 0 0 0 | | |
| 12. AREAS AFFECTED E | BY PROJECT (chies | i, counties, etates, et | c.): | | | |
| | | T | | | | |
| 13. PROPOSED PRO | | | SIONAL DISTRICTS OF | b. Prolect | | |
| Start Date E | Ending Date | a. Applicant | | D. Project | | |
| 2/20/2003 | 2/19/2004 | 49, 50, | 51, 52, 5 | 3 49 | , 5 0, 51, 52, 53 | |
| 16. ESTIMATED FUN | DING: | J | | | | |
| a. Federal | s | | | 16. IS APPLIC | CATION SUBJECT TO REVIEW BY | |
| | () | | 1241975 04 | ORDER 1 | CATION SUBJECT TO REVIEW BY 2372 PROCESS? | |
| | | | 1241875.00 | ORDER 1 | | STATE EXECUTIVE |
| b. Applicant | - s | | 1241875.00 | ORDER 1. | 2 <mark>372 PROCESS?</mark> HIS PREAPPLICATION/APPLICATION VAILABLE TO THESTATE EXECUT | STATE EXECUTIVE |
| b. Applicant | \$ | | | ORDER 1. | 2372 PROCESS? HIS PREAPPLICATION/APPLICATIO | STATE EXECUTIVE |
| b. Applicant c. State | \$ | | | ORDER 1 B. YES TH | 2372 PROCESS? HIS PREAPPLICATION/APPLICATION VAILABLE TO THESTATE EXECUT ROCESS FOR REVIEW ON: | STATE EXECUTIVE |
| c. State | | | .0(| ORDER 1 B. YES TH | 2 <mark>372 PROCESS?</mark> HIS PREAPPLICATION/APPLICATION VAILABLE TO THESTATE EXECUT | STATE EXECUTIVE |
| | | | .0(| ORDER 1 B. YES TH | 2372 PROCESS? HIS PREAPPLICATION/APPLICATION VAILABLE TO THESTATE EXECUT ROCESS FOR REVIEW ON: ATE 06/27/03 | STATE EXECUTIVE ON WAS MADE TIVE ORDER 12372 |
| c. State d. Local | \$ | | .00. | ORDER 1 B. YES TH | 2372 PROCESS? HIS PREAPPLICATION/APPLICATION VAILABLE TO THESTATE EXECUT ROCESS FOR REVIEW ON: ATE 06/27/03 PROGRAM IS NOT COVERED | STATE EXECUTIVE ON WAS MADE TIVE ORDER 12972 BY E.O. 12972 |
| c. State | \$ | | .00. | ORDER 1 B. YES TH | 2372 PROCESS? HIS PREAPPLICATION/APPLICATION VAILABLE TO THESTATE EXECUT ROCESS FOR REVIEW ON: ATE 06/27/03 | STATE EXECUTIVE ON WAS MADE TIVE ORDER 12372 BY E.O. 12372 |
| c. State d. Local e. Other | \$ \$ | |)0.)0.)0. | ORDER 1 B. YES THE | 2372 PROCESS? HIS PREAPPLICATION/APPLICATION VAILABLE TO THESTATE EXECUT ROCESS FOR REVIEW ON: ATE 06/27/03 PROGRAM IS NOT COVERED OR PROGRAM HAS NOT BEEF | STATE EXECUTIVE ON WAS MADE TIVE ORDER 12972 BY E.O. 12972 |
| c. State | \$ | | .00. | ORDER 1 B. YES THE | 2372 PROCESS? HIS PREAPPLICATION/APPLICATION VAILABLE TO THESTATE EXECUT ROCESS FOR REVIEW ON: ATE 06/27/03 PROGRAM IS NOT COVERED OR PROGRAM HAS NOT BEEF | STATE EXECUTIVE ON WAS MADE TIVE ORDER 12372 BY E.O. 12372 N SELECTED BY STATE |
| c. State d. Local e. Other | \$ \$ | |)0.)0.)0. | ORDER 1 B. YES TH A B. O D D D D TALISTHE A | 2372 PROCESS? HIS PREAPPLICATION/APPLICATION VAILABLE TO THESTATE EXECUT ROCESS FOR REVIEW ON: ATE 06/27/03 PROGRAM IS NOT COVERED OR PROGRAM HAS NOT BEEF FOR REVIEW | STATE EXECUTIVE ON WAS MADE TIVE ORDER 12372 BY E.O. 12372 N SELECTED BY STATE |
| c. State d. Local e. Other f. Program Income | \$ \$ \$ \$ | | .000 | ORDER 1 a. YES THE A O | 2372 PROCESS? HIS PREAPPLICATION/APPLICATION VAILABLE TO THESTATE EXECUT ROCESS FOR REVIEW ON: ATE 06/27/03 PROGRAM IS NOT COVERED OR PROGRAM HAS NOT BEEF FOR REVIEW PPLICANT DELINQUENT ON ANY If "Yes," attach an explanation. | STATE EXECUTIVE ON WAS MADE TIVE ORDER 12372 BY E.O. 12372 N SELECTED BY STATE FEDERAL DEBT? No |
| c. State d. Local e. Other f. Program Income g TOTAL | S S S S Y KNOWLEDGE AND | D BELIEF, ALL DATA | .00 .00 .00 .00 .00 | ORDER 1 B. YES THE A O | 2372 PROCESS? HIS PREAPPLICATION/APPLICATION VAILABLE TO THESTATE EXECUT ROCESS FOR REVIEW ON: ATE 06/27/03 PROGRAM IS NOT COVERED OR PROGRAM HAS NOT BEEF FOR REVIEW PPLICANT DELINQUENT ON ANY If "Yes," attach an explanation. | STATE EXECUTIVE ON WAS MADE TIVE ORDER 12372 BY E.O. 12372 N SELECTED BY STATE FEDERAL DEBT? NO HAS BEEN DULY AUTHORIZED |
| c. State d. Local e. Other f. Program Income g TOTAL 18. TO THE BEST OF M BY THE GOVERNING BO | \$ \$ \$ \$ YKNOWLEDGE ANDON OF THE APPLIC | ANT AND THE APPL | .00 | ORDER 1 B. YES THE A O | 2372 PROCESS? HIS PREAPPLICATION/APPLICATION VAILABLE TO THESTATE EXECUT ROCESS FOR REVIEW ON: ATE 06/27/03 PROGRAM IS NOT COVERED OR PROGRAM HAS NOT BEEF FOR REVIEW PPLICANT DELINQUENT ON ANY If "Yes," attach an explanation. | STATE EXECUTIVE ON WAS MADE IVE ORDER 12372 BY E.O. 12372 N SELECTED BY STATE FEDERAL DEBT? NO HAS BEEN DULY AUTHORIZED RDED. |
| c. State d. Local e. Other f. Program Income g TOTAL | \$ \$ \$ \$ Y KNOWLEDGE AND DDY OF THE APPLICATION OF T | CANT AND THE APPL Native | .00 .00 .00 .00 .00 .00 .00 .01 .01 .01 | ORDER 1 B. YES THE A O | 2372 PROCESS? HIS PREAPPLICATION/APPLICATION VAILABLE TO THESTATE EXECUT ROCESS FOR REVIEW ON: ATE 06/27/03 PROGRAM IS NOT COVERED OR PROGRAM HAS NOT BEEF FOR REVIEW PPLICANT DELINQUENT ON ANY If "Yes," attach an explanation. RUE AND CORRECT. THE DOCUMENT URANCES IF THE ASSISTANCE IS AWA | STATE EXECUTIVE ON WAS MADE TIVE ORDER 12372 BY E.O. 12372 N SELECTED BY STATE FEDERAL DEBT? NO HAS BEEN DULY AUTHORIZED |
| c. State d. Local e. Other f. Program Income g TOTAL 18. TO THE BEST OF M BY THE GOVERNING BC a. Typed Name of Aut | S S S S Y KNOWLEDGE AND DDY OF THE APPLICATION Thorized Represent Kolende | CANT AND THE APPL Lative C.T. | .00 .00 .00 .00 .00 .00 .00 .01 .01 .01 | ORDER 1 B. YES THE A O B. NO. [O T. IS THE A O YES O THE ATTACHED ASS | 2372 PROCESS? HIS PREAPPLICATION/APPLICATION VAILABLE TO THESTATE EXECUT ROCESS FOR REVIEW ON: ATE 06/27/03 PROGRAM IS NOT COVERED OR PROGRAM HAS NOT BEEF FOR REVIEW PPLICANT DELINQUENT ON ANY If "Yes," attach an explanation. RUE AND CORRECT. THE DOCUMENT URANCES IF THE ASSISTANCE IS AWA | STATE EXECUTIVE ON WAS MADE TIVE ORDER 12372 BY E.O. 12372 N SELECTED BY STATE FEDERAL DEBT? NO HAS BEEN DULY AUTHORIZED RDED. C. Telephone number |
| c. State d. Local e. Other f. Program Income g TOTAL 18. TO THE BEST OF M BY THE GOVERNING BO a. Typed Name of Aut William B | \$ \$ \$ \$ Y KNOWLEDGE AND DDY OF THE APPLICATION OF T | CANT AND THE APPL Lative C.T. | .00 .00 .00 .00 .00 .00 .00 .01 .01 .01 | ORDER 1 B. YES THE A O B. NO. [O T. IS THE A O YES O THE ATTACHED ASS | 2372 PROCESS? HIS PREAPPLICATION/APPLICATION VAILABLE TO THESTATE EXECUT ROCESS FOR REVIEW ON: ATE 06/27/03 PROGRAM IS NOT COVERED OR PROGRAM HAS NOT BEEF FOR REVIEW PPLICANT DELINQUENT ON ANY If "Yes," attach an explanation. RUE AND CORRECT. THE DOCUMENT URANCES IF THE ASSISTANCE IS AWA | STATE EXECUTIVE ON WAS MADE IVE ORDER 12372 BY E.O. 12372 N SELECTED BY STATE FEDERAL DEBT? INO HAS BEEN DULY AUTHORIZED RDED. C. Telephone number 858) 974-2240 |

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved OMB No. 1875-0106 Exp. 11/30/2004

| Applicant Information 1. Name and Address Legal Name: T.C.U. Community Partnership, Inc. | Organizational Unit |
|---|---|
| Address: 1040 S. Mt Vernon Ave. Ste. G-193 | |
| San Bernardino City | CA San Bernardino 92324 - 4228 State County ZIP Code + 4 |
| 2. Applicant's D-U-N-S Number 1 1 1 6 6 1 7 8 7 7 | 6. Novice ApplicantYesX_No |
| 3. Applicant's T-I-N 8 8 - 0 4 7 6 8 6 1 | 7. Is the applicant delinquent on any Federal debt?Yes _X_No |
| 4. Catalog of Federal Domestic Assistance #: 843_ _4_ _1_ _A_ | (If "Yes," attach an explanation.) |
| Title: Department_of Education: Office of Vocational and Adult | 8. Type of Applicant (Enter appropriate letter in the box.) |
| Education Community Technology Centers Program | A - State F - Independent School District |
| 5. Project Director: <u>Luvina Beckley</u> | B - Local G - Public College or University C - Special District H - Private, Non-profit College or University |
| Address: 680 S. Waterman | versity _ D - Indian Tribe I - Non-profit Organization E - Individual J - Private, Profit-Making Organization |
| San Bernardino CA 92408 City State Zip code + 4 Tel. #: (909) 890-2626 Fax #: (909) 888 -4826 E-Mail Address: mhmlbm@aol.com 9. Type of Submission: -Pre Application -Application Construction Construction Non-Construction X Non-Construction | K - Other (Specify): Application Information 12. Are any research activities involving human subjects planned at any time during the proposed project period? Yes (Go to 12a.) _X_ No (Go to item 13.) |
| 10. Is application subject to review by Executive Order 12372 process. X Yes (Date made available to the Executive Order 12372 process for review): 06 / 20 / 03 | |
| No (If "No," check appropriate box below.)Program is not covered by E.O. 12372Program has not been selected by State for revi 11. Proposed Project Dates: 10/1/2003 | 13. Descriptive Title of Applicant's Project: The proposed project: Distant Education /Entrepreneur Learning Assistance (DELA) project provides low academic performing, rural area youth and their families with increased access to technologies that 1)enhances their literacy levels 2) increases their understanding of technologies and 3)promotes entrepreneurial opportunities via the |
| | Internet and E-commerce. epresentative Information |
| | f my knowledge and belief, all data in this reapplication/application are true |
| | The document has been duly authorized by the governing body of the applicant cant will comply with the attached assurances of the assistance is awarded. |
| - | oresentative (Please type or print name clearly) |
| d. Local \$ 240,000 . 00 Deidra Wonsey | |
| e. Other \$ | HIAL 2.C. cono |
| - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | 85-3809 Fax #: (909) <u>888-</u> 4826 |
| | s: tcu1c@netscape.net STATE CLEARING HOUS |
| | uthorized Representative Date: 6/20/05 |

| APPLICATION FOR | | | | OMB Approval No. 0348-00 |
|--|-----------------------------|--------------------------|--|---|
| FEDERAL ASSISTA | NCE | 2. DATE SUBMITTED May 20 | 0, 2003 | Applicant Identifier |
| . TYPE OF SUBMISSION: | | 3. DATE RECEIVED B | Y STATE | State Application Identifier |
| <u>Application</u> | Preapplication | | | |
| Construction | Construction | 4. DATE RECEIVED BY | Y FEDERAL AGENCY | Federal Identifier |
| Non-Construction | Non-Construction | | | 1 |
| 5. APPLICANT INFORMATION Legal Name: | | | Organizational Unit: | |
| State Center Comm | | ct | University Ce | nter Export Program |
| Address (give city, county, State | , , , | | 1 | number of person to be contacted on matters involv |
| 550 East Shaw Aven Fresno, CA 93710 | iue, Suite 155 | | this application <i>(give a</i> 1-888-638-78 | 88 |
| 6. EMPLOYER IDENTIFICATIO | N NUMBER (EIN): | | 7. TYPE OF APPLICA | ANT: (enter appropriate letter in box) |
| 94-1574 | | | A. State | H. Independent School Dist. |
| 8. TYPE OF APPLICATION: | | | B. County | I. State Controlled Institution of Higher Learning |
| ☐ Nev | w 🗹 Continuation | Revision | C. Municipal | J. Private University |
| | tan(a) in handan) | | D. Township | K. Indian Tribe |
| If Revision, enter appropriate let | ter(s) in box(es) | | E. Interstate F. Intermunicipal | L. Individual M. Profit Organization |
| A. Increase Award B. De | crease Award C. Increas | e Duration | G. Special District | N. Other (Specify) |
| D. Decrease Duration Other | | o Daration | or opposition | (|
| | | | 9. NAME OF FEDERAL AGENCY: | |
| The first state of the state of | | | U.S.Dept of Commerce, Economic Development Admin. | |
| 10. CATALOG OF FEDERAL D | | | 11. DESCRIPTIVE TI | TLE OF APPLICANT'S PROJECT: |
| | RING HOUSE | 1 1 - 3 0 3 | University Cente | r Export Program |
| TITLE: 2. AREAS AFFECTED BY PR | O IECT (Cition Counting St. | ataa ata li | Technical Assist | ance - University Center Program |
| See Attached Page | OSCOT (Cilles, Counties, Si | aies, eic. <i>j</i> . | | |
| 13. PROPOSED PROJECT | 14. CONGRESSIONAL DI | STRICTS OF: | | |
| Start Date Ending Date 7/1/03 6/30/04 | a. Applicant | ith | b. Project | 3; 15-20; 37 & 45 |
| 15. ESTIMATED FUNDING: | | , | 16. IS APPLICATION | SUBJECT TO REVIEW BY STATE EXECUTIVE |
| | | | ORDER 12372 PF | ROCESS? |
| a. Federal | \$ | 00 | | |
| | | 110,000 | a. YES, THIS PRE | APPLICATION/APPLICATION WAS MADE |
| b. Applicant | \$ | 40,000 | | E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON: |
| c. State | \$ | .00 | DATE | |
| d. Local | \$ | .00 | b. No. PROGRA | AM IS NOT COVERED BY E. O. 12372 |
| e. Other \$.00 | | .00 | OR PRO | GRAM HAS NOT BEEN SELECTED BY STATE VIEW |
| f. Program Income | \$ | .00 | 17 IS THE APPLICA | NT DELINQUENT ON ANY FEDERAL DEBT? |
| g. TOTAL | \$ | 150,000 | - 1 | attach an explanation. |
| DOCUMENT HAS BEEN DULY | Y AUTHORIZED BY THE GO | OVERNING BODY OF TH | | TION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE |
| a. Type Name of Authorized Re | | ARDED. b. Title | 10 mars 10 mar | c. Telephone Number |
| Ta, Type Name of Authorized Rej Douglas Brinkley | presentative | Vice Chancellor F | inance & Admin | (559) 244-5910 |
| d. Signature of Authorized Repre | esentative | VIO CHANGINI | | e. Date Signed |
| | | | | |
| Previous Edition Usable | | 1 | | Standard Form 424 (Rev. 7-97) |

Authorized for Local Reproduction

06/25/2003 13:45

| | - | | E n | |
|--------------------------------------|----------------------------|------------------------------|---|--------------------------------------|
| | | € G E - 1 V | <u> </u> | |
| APPLICATION FO | | , | | OMB Approval No. 0346-0043 |
| FEDERAL ASSIS | TANCE | UN 2 5 2002 | 2. DATELSUSMITTED | Applicant Identifier |
| 1. TYPE OF SUBMISSION: | | JUN 2 7 7000 | June 19, 2003 | |
| Application | Pre-acolication | | 3. DATE RECEIVED BY STATE | State Application Identifier |
| X Construction | Construction OTAT | T OF ENDING! | IOUSE | |
| | - (SIA) | E CLEARING H | DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |
| Non-Construction | Non-Canstruction | | | F-103-1 Amendment #1 |
| 5. APPLICANT INFORMATIO | IN . | | | |
| Legal Name: | STATE OF CALIF | ORNIA | Organizational Unit | LOsina |
| Address (give dity, county, sta | ite and zip code): | | Department of Fish an | |
| Dept. of Fish & G | iame - Fisheries Prog | rams Branch | Name and tolephone number of the person to be | e contaced on mettors involving this |
| 1812 Ninth Street | | | application (give area code): | (4C) 44E 3EED |
| Sacramento, CA | 95814 | | Carolyn Murata (9 | |
| 6. EMPLOYER IDENTIFICAT | TION NUMBER (EIN); | | 7. TYPE OF APPLICANT: (enter appropriate le | |
| <u>.</u> | 94-1697567 | | A. State | H. Independent School Dist. |
| 8, TYPE OF APPLICATION: | | | B. County | I. State Controlled Instruction |
| New | Continuation | X Revision | C. Municipal | of Higher Learning |
| If Ravisian, enter appropriate | letter(s) in box(ss); | | D. Township | J. Private University |
| | A | | E. Interstato | L, Individual |
| A, Increase Award | B. Decresse Award | | F. Intermunicipal | M. Profit Organization |
| C. Increase Duration | D. Decrease Duration | | G. Special District | N. Other (Specify) |
| E. Other (specify); | | | | |
| 10. CATALOG OF FEDERA | L DOMESTIC ASSISTANCE N | IUMBER: | 9. NAME OF FEDERAL AGENCY: | o Interior |
| 15-605 | | | U.S. Department of th | Sarvice |
| | Sport Fish Resto | | 11. DESCRIPTIVE TITLE OF APPLICANTS P | |
| 12. JAREAS AFFECTED BY | PROJECT (cities, countles, | states, etc.): | Nimbus Hatchery Visitor C | |
| | | | (Environmental Enhancement | |
| | Sacramento C | ounty | (Environmental Enliancement | funding for overhead costs. |
| | | 1 | Amendment#1 - to increase | e latining for Great Godes. |
| 13, PROPOSED PROJECT | | | | |
| Start Date | Enging Date | 14. CONGRESSIONAL DIST | RICTS OF: | b. Project |
| 10/1/2000 | 6/30/2003 | a. Applicant | 3 | 3 |
| 15. ESTIMATED FUNDING | | 1 | TION SUBJECT TO REVIEW BY STATE EXECU | TIVE ORDER 12372 PROCESS? |
| a, Federal | \$292,000.00 | | FREAPPLICATION/APPLICATION WAS MADE | |
| | | <u></u> | ATE EXECUTIVE ORDER 12372 PROCESS FOR | |
| a. Applicant | | 31 | ALE EXCEPTIVE OURSELVIES TO THE TOTAL | |
| | \$437,000.00 | Date | June 25, 2003 | • |
| c. Stato | \$437,000.00 | 1 | PROGRAM IS NOT COVERED BY E.O. 12372 | |
| | | 1 | OR PROGRAM HAS NOT BEEN SELECTED | BY STATE FOR REVIEW |
| d. Local | | | | |
| | | 17 IS THE 4PF | LICATION DELINQUENT ON ANY FEDERAL DE | BT? |
| e, Other | | | If "Yee", attach an explanation | X No |
| r. Program Incomé | \$729,000.00 | | • | |
| g. TOTAL | INIONA EDGE IND BELIEF | ALL DATA IN THIS APPLICAT | OMPREAPPLICATION ARE TRUE AND CORRE | ECT. THE DOCUMENT HAS BEEN DULY |
| 18. TO THE BEST OF MY | NINUVILLUGE AND BELLET. | PLICANT AND THE APPLICAT | IT WILL COMPLY WITH THE ATTACHED ASSU | RANCES IF THE ASSISTANCE IS AWARDED. |
| | | I MANAGE THE STATE OF STREET | b. Title: | c Talaphana Number |
| a. Typed Name of Authoriz | Michael F. Harris | | Deputy Director, Admin. | (916) 653-4633 |
| of Signature of Authorized | | _ | | e. Data Signed |
| a. Signature of Authorized | I G V T | la Si | | 1 6/24/0 |
| TX WILL | in juice | 7 | | |
| Approved for the Secretary | of the Interior | V | Title: | Dala |
| 01 | | | | |
| Signature Provious Editions Not Usat | ola . | | | Standard Form 424 (REV 4-88) |

| APPLICATION FOR FEDERAL ASSISTA | | 2. DATE SUBMITTED | | Applicant Identifier | |
|--|-------------------------------|--|--|---|--|
| PEDERAL ASSISTA | ANCE | | 24, 2003 | | |
| 1, TYPE OF SUBMISSION: | | 3. DATE RECEIVED B | Y STATE | State Application Identifier | |
| Application | Preapplication | | | | |
| Construction | Construction Non-Construction | 4. DATE RECEIVED B | BY FEDERAL AGENCY | Federal Identifier | |
| 5 APPLICANT INFORMATION | | | | | |
| Legal Name: | · | | Organizational Unit: | | |
| The Foundation for | | TE IL W. G. | | esources Institute | |
| Address (give city, county, Stat | |) <u>L L V D</u> | | number of person to be contacted or | matters involve |
| 5500 University Park San Bernardino, CA | | nn 25 2003 | this application (give Ueff Davis (90 | area code) 09) 880-7681 | |
| S. EMPLOYER IDENTIFICATION | N NUMBER (EIN): | | 7. TYPE OF APPLIC | ANT: (enter appropriate letter in bax) | |
| 95-606 | | and the second s | La gam | : : | |
| | - CTATE (| SIFAPING HOL | A. State | H. Independent School Dist. I. State Controlled Institution of High | hart complex |
| 8. TYPE OF APPLICATION: | (1) 1 / 1 box | Land Specific II | B. County C. Municipal | J. Private University | ner Learning |
| ✓ Ne | w Continuation | ☐ Revision | D. Township | K, Indian Tribe | |
| If Revision, enter appropriate le | ter(s) in hor(as) | | E. Interstate | L. Individual | |
| ir Abvision, emer appropriate re- | (181/B) 111 DOX(98) | | F. Intermunicipal | M. Profit Organization | : |
| A Increase Award B. De | crease Award C. Increase | e Duration | G. Special District | N. Other (Specify) | |
| D Decrease Duration Other | (specify): | | | AL AZENOV. | |
| | | | 9, NAME OF FEDER | AL AGENCT: | |
| | | | Environmental P | rotection Agency | |
| 10 CATALOG OF FEDERAL D | OMESTIC ASSISTANCE N | UMBER: | 11. DESCRIPTIVE TI | TLE OF APPLICANT'S PROJECT: | - 1, 2 |
| | 1 | 66-606 | Santa Ana River | Watershed Research and Tra | aining 🦈 |
| | | | Program | | |
| TITLE: Surveys, St | udies, & Invetgns. & Sp | pecial Purpose Grnts | | | |
| 12. AREAS AFFECTED BY PR | OJECT (Cities, Countles, Sta | ates, etc.): | | • | |
| San Bernardino, Riversid | e, & Orange Counties | - California | | | |
| HOPOSED PROJECT | 14. CONGRESSIONAL DI | STRICTS OF: | | | |
| State Ending Date | a. Applicant | | b. Project | 41 45 49 | 1. |
| 10/1/03 9/30/04 | 41 | | 10 10 ADDI ICATION | 41, 45, 48 SUBJECT TO REVIEW BY STATE | EXECUTIVE |
| IS ESTIMATED FUNDING: | | , | ORDER 12372 PE | | |
| a Federal | \$ | 00 | 1 | | |
| | | 223,491 | a. YES, THIS PREA | APPLICATION/APPLICATION WAS I | MADE |
| o, Applicant | \$ | 60 | | ETO THE STATE EXECUTIVE ORD FOR REVIEW ON: | EU 15915 |
| State | \s | | - INCOESS | | |
| 3. Sauter | | | DATE | 06/25/03 | |
| d. Lacel | \$ | | L No E DECCE | AM IS NOT COVERED BY E. O. 123 | 72 |
| | | 00 | D. NO. U PHOGRA | GRAM HAS NOT BEEN SELECTED | BY STATE |
| e. Other | \$ | * * * | FOR REV | | |
| f. Pipgram Income | \$ | 00 | | | 1300 |
| A Marian | | | 17. IS THE APPLICA | NT DELINQUENT ON ANY FEDERA | |
| g: TOTAL | \$ | 223,491 | Yes If "Yes," | attach an explanation. | No |
| | TO FROM AND DELICE AN | | TATION/PREADELICAT | TION ARE TRUE AND CORRECT, T | HE |
| 18 TO THE BEST OF MY KNO | WLEDGE AND BELIEF, AL | Luata in this applic | HE APPLICANT AND TH | HE APPLICANT WILL COMPLY WI | TH THE |
| DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF | THE ADDITION OF THE GU | ARDED. | A STATE OF THE PROPERTY OF THE | ·· · | |
| ATTACHED ASSURANCES IF | | b. Title | NA P | c. Telephone Number | 200 |
| a Type Name of Authorized hel | or Controlled | Executive Director | ~ / | (909) 880-5918 | |
| d. Signature of Authorized Repy | seenta dve | | | e. Date Signed 1/25/03 | |
| MATHO SI | Andans | | | Standard Form 424 (Rev | |
| Premous Edition Usable | άn. | | | Prescribed by OMB Circu | and the second of the second o |

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FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

| Recipient ID: | 5566 | | | | |
|----------------------|--|------------------------------------|--|--|--|
| Recipient Name: | LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY | | | | |
| Project ID: | CA-03-0392-12 | | | | |
| Budget Number: | 16 - Budget Pending Approval | DEGETVE | | | |
| Project Information: | Metro Rail - Segment 3 - North Hollywood | | | | |
| Part 1: Recipi | ent Information | JUN 2 4 2003 PSTATE CLEARING HOUSE | | | |
| Project Number: | CA-03-0392-12 | ISTATE CLEARING HOUSE | | | |
| Recipient ID: | 5566 | | | | |
| Recipient Name: | LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY | | | | |
| Address: | ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932 | | | | |
| Telephone: | (213) 922-2459 | | | | |
| Facsimile: | (213) 922-2476 | | | | |

Part 2: Project Information

| Project Type: | Grant |
|----------------------|---|
| Project Number: | CA-03-0392-12 |
| Project Description: | Metro Rail - Segment 3 - North Hollywood |
| Recipient Type: | Transit Authority |
| FTA Project Mgr: | Ray Tellis |
| Recipient Contact: | Charlene Lee Lorenzo |
| New/Amendment: | Amendment |
| Amend Reason: | Increase Award |
| | |
| Fed Dom Asst. #: | 20500 |
| Sec. of Statute: | 5309 |

| Gross Project Cost: | | \$49,781,564 |
|----------------------|----------------|--|
| Adjustment Amt: | | \$0 |
| Total Eligible Cost: | | \$49,781,564 |
| Total FTA Amt: | | \$39,825,251 |
| Total State Amt: | | \$0 |
| Total Local Amt: | | \$9,956,313 |
| Other Federal Amt: | | \$0 |
| Special Cond Amt: | | \$136,905,042 |
| | | |
| Special Condition: | None | |
| S.C. Tgt. Date: | None Specified | |
| S.C. Fff Date | None Specified | a consequence de la consequencia d |

| State Appl. ID: | 07LA29202X |
|---|----------------|
| Start/End Date: | - |
| Recvd. By State: | Jun. 18, 2003 |
| EO 12372 Rev: | YES |
| Review Date: | May. 15, 2003 |
| Planning Grant?: | NO |
| Program Date (STIP/UPWP/FTA Prm Plan) : | Oct. 04, 2002 |
| Program Page: | None Specified |
| Application Type: | Electronic |
| | |
| Supp. Agreement?: | No |
| Debt. Delinq. Details: | |

| Est. Oblig Date: | None Specified |
|--------------------------|----------------|
| Pre-Award Authority?: | Yes |
| Fed. Debt Authority?: | No |
| Final Budget?: | No |

Urbanized Areas

| UZA ID | UZA Name | |
|-----------|---------------------------------------|--|
| GOOD | LOS ANGELESLONG BEACHSANTA ANA, CA | |

Congressional Districts

| State ID | District Code | District Official | |
|----------|---------------|-----------------------|--|
| 6 | 27 | Brad Sherman | |
| 6 | 30 | Henry A Waxman | |
| 6 | 33 | Diane E Watson | |
| 6 | 28 | Howard L Berman | |
| 6 | 34 | Lucille Roybal-Allard | |
| 6 | 31 | Xavier Becerra | |

Project Details

AMENDMENT NO. 12

The Los Angeles County Metropolitan Transportation Authority (MTA) is requesting Amendment 12 to Grant No. CA-03-0392 for the FY03 increment of Section 5309 New Starts funding of \$39,825,251 for the Metro Red Line North Hollywood project.

There are still \$663,689 of Section 5309 New Starts funds remaining in the balance of the FFGA for the North Hollywood project





FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

| Recipient ID: | 5566 | | | | | | |
|-------------------------------|--|------------------------------------|--|--|--|--|--|
| Recipient Name: | LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY | | | | | | |
| Project ID: | CA-90-X575-12 | CA-90-X575-12 | | | | | |
| Budget Number: | 17 - Budget Pending Approval | 17 - Budget Pending Approval | | | | | |
| Project Information: | MOS-3 Metro Red Line | MOS-3 Metro Red Line | | | | | |
| Project Number: CA-90-X575-12 | | JUN 2 4 2003 STATE CLEARING HOUSE | | | | | |
| Recipient ID: | 5566 STATE CLEAKING HOUSE | | | | | | |
| Recipient Name: | LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY | | | | | | |
| Address: | ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932 | | | | | | |
| Telephone: | (213) 922-2459 | | | | | | |
| Facsimile: | (213) 922-2476 | | | | | | |

Part 2: Project Information

| Project Type: | Grant | Gross Project Cost: | -\$1,440,87 | |
|------------------------------|----------------------|----------------------|----------------|--|
| Project Number: | CA-90-X575-12 | Adjustment Amt: | \$0 | |
| Project Description: | MOS-3 Metro Red Line | Total Eligible Cost: | -\$1,440,875 | |
| Recipient Type: | Transit Authority | Total FTA Amt: | -\$1,275,607 | |
| FTA Project Mgr: | Ray Tellis | Total State Amt: | \$0 | |
| Recipient Contact: | Charlene Lee Lorenzo | Total Local Amt: | -\$165,268 | |
| New/Amendment: | Amendment | Other Federal Amt: | \$0 | |
| Amend Reason: Decrease Award | | Special Cond Amt: | \$0 | |
| Fed Dom Asst. #: | 20507 | Special Condition: | None | |
| Sec. of Statute: | 5307 | S.C. Tgt. Date: | None Specified | |
| State Anni ID | N7I A292N2X | S.C. Fff Date: | None Snecified | |

| Start/End Date: | Nov. 01, 2002 - Jun. 30, 2003 |
|---|-------------------------------|
| Recvd. By State: | Jun. 18, 2003 |
| EO 12372 Rev: | YES |
| Review Date: | None Specified |
| Planning Grant?: | NO |
| Program Date (STIP/UPWP/FTA Prm Plan) : | Oct. 04, 2002 |
| Program Page: | 152 |
| Application Type: | Electronic |
| | |
| Supp. Agreement?: | Yes |
| Debt. Delinq. Details: | |

| Est. Oblig Date: | None Specified |
|--------------------------|----------------|
| Pre-Award Authority?: | Yes |
| Fed. Debt Authority?: | No |
| Final Budget?: | No |

Urbanized Areas

| UZA ID | UZA Name | |
|-----------|---------------------------------------|--|
| 60020 | LOS ANGELESLONG BEACHSANTA ANA, CA | |

Congressional Districts

| State ID | District Code | District Official |
|----------|---------------|-------------------------|
| 6 | 24 | Elton Gallegly |
| 6 | 25 | Howard P McKeon |
| 6 | 26 | David Dreier |
| 6 | 27 | Brad Sherman |
| 6 | 28 | Howard L Berman |
| 6 | 29 | Adam B Schiff |
| 6 | 30 | Henry A Waxman |
| 6 | 31 | Xavier Becerra |
| 6 | 32 | Hilda L Solis |
| 6 | 33 | Diane E Watson |
| 6 | 34 | Lucille Roybal-Allard |
| 6 | 35 | Maxine Waters |
| 6 | 36 | Jane Harman |
| 6 | 37 | Juanita Millender-McDon |

| FEDERAL ASSISTA | MOT | | 2 DATE CHOME | | OWB Approval No. 0348-004 |
|--|---------------------------------------|---------------------------------------|--|---|---|
| TEDETOLE AGGIOTATION | | 2. DATE SUBMITTED May 15, 2003 | | / ant Identifier | |
| 1. TYPE OF SUBMISSION: 3. DATE RECEIVED B | | BY STATE | State Application Identifier | | |
| <u>Application</u> | Preapplicat | | | | |
| Construction | Constr | | 4. DATE RECEIVED | BY FEDERAL AGENCY | Federal Identifier |
| Non-Construction | | nstruction | | | |
| 5. APPLICANT INFORMATION | 1 | | | | |
| Legal Name: County of Orange | | | @ F I W I | F Housing and (|) |
| Address (give city, county, State | e and zin cod | | GEIVI | | Community Development Dept. |
| 1 | s, and zip code | " リツー | | Name and telephone | number of person to be contacted on matters involving |
| 1770 N. Broadway Santa Ana, Orange, | CA 9270 | 6 []] | JUN 2 4 2003 | Hislabelication (give area code) Paula Burrier-Lund (714) 480-2805 | |
| 6. EMPLOYER IDENTIFICATION | N NUMBER (| EIM: | | TYPE OF APPLICA | NT: (enter appropriate letter in box) |
| 9 5 - 60 00 | 9 2 8 | STATE | E CLEARING H | | H. Independent School Dist. |
| 8. TYPE OF APPLICATION: | | | | B. County | I. State Controlled Institution of Higher Learning |
| Ne Ne | w Co | ntinuation | Revision | C. Municipal | J. Private University |
| | | | | D. Township | K. Indian Tribe |
| If Revision, enter appropriate let | ter(s) in box(e | s) | | E. Interstate | L. Individual |
| A. Increase Award B. De | crease Award | C. Increase | Duration | F. Intermunicipal | M. Profit Organization |
| 1 | (specify): | O. morease | Duration | G. Special District | N. Other (Specify) |
| · | , , ,, | | | 9. NAME OF FEDERA | L AGENCY: |
| | | | | | of Housing and Urban Development |
| 10. CATALOG OF FEDERAL D | OMESTIC AS | SISTANCE NU | MBER: | 11. DESCRIPTIVE TIT | LE OF APPLICANT'S PROJECT: |
| | | | 1 4 — 2 1 8 | Application for Co | mmunity Development Block Grants |
| TITLE: Community | Developme | nt Block Gr | ante | funding for FY 2003-2004. Activities include public improvements, housing and commercial rehabilitation, acquisition of real property, and public services. | |
| 12. AREAS AFFECTED BY PRO | OJECT (Cities | Counties, Stat | es etc): | | |
| | | | | | |
| Urban County Jurisdiction | i - Orange i | Jounty | | • | |
| 13. PROPOSED PROJECT | 14. CONGRE | SSIONAL DIS | TRICTS OF: | | |
| Start Date Ending Date | a. Applicant | · · · · · · · · · · · · · · · · · · · | | b. Project | |
| 7/1/03 6/30/04 | 4(|), 42, 4 | 6, 47, 48 | | 40, 42, 46, 47, 48 |
| 15. ESTIMATED FUNDING: | | | | 16. IS APPLICATION S | SUBJECT TO REVIEW BY STATE EXECUTIVE |
| | · · · · · · · · · · · · · · · · · · · | | | ORDER 12372 PRO | |
| a. Federal | \$ | 5.40 | 2,000 | | |
| | | | | | PPLICATION/APPLICATION WAS MADE |
| b. Applicant | \$ | | .00 | | TO THE STATE EXECUTIVE ORDER 12372 |
| c. State | \$ | | 00 | PROCESS F | OR REVIEW ON: |
| o. Otate | * | | • | DATE | 05/14/03 |
| d. Local | \$ | | 00 | DATE | |
| | | | • | b. No. TI PROGRAM | I IS NOT COVERED BY E. O. 12372 |
| e. Other | \$ | · | .00 | | RAM HAS NOT BEEN SELECTED BY STATE |
| f. Program Income | \$ | 57 | 1,270 | | |
| g. TOTAL | \$ | | . 00 | | T DELINQUENT ON ANY FEDERAL DEBT? |
| | , | 5,97 | 3,270 | Yes If "Yes," at | tach an explanation. 🗹 No |
| DOCUMENT HAS BEEN DULY | AUTHORIZE | BELIEF, ALL BY THE GOV | DATA IN THIS APPLIC ERNING BODY OF TH | CATION/PREAPPLICATION THE | ON ARE TRUE AND CORRECT, THE E APPLICANT WILL COMPLY WITH THE |
| ATTACHED ASSURANCES IF a. Type Name of Authorized Repo | | | | · . | |
| Paula Burrier-Lund | | | o. Title Director | | c. Telephone Number (714) 480-2805 |
| d. Signature of Authorized Representative | | | (714) 480-2805 | | |
| The state of the s | | 1 1, | 4- | Į ⁶ | Date Signed |
| Previous Edition Usable | 1 | + | 6 | | Standard Form 424 (Rev. 7-97) |
| Authorized for Local Reproduction | n . | • | - | | Prescribed by OMB Circular A-102 |

| APPLICATION FOR | \ | 4 | | OMB Approval No. 0345- |
|--|---|---------------------------------|--|--|
| FEDERAL ASSISTA | ANCE | 2. DATE SUBMITTEI June | 19, 2003 | Applicant Identifier |
| 1. TYPE OF SUBMISSION: Application | Preapplication | 3. DATE RECEIVED | BY STATE | State Application Identifier |
| Construction Non-Construction | Construction Non-Construction | 4. DATE RECEIVED | BY FEDERAL AGENCY | Federal Identifier |
| 5. APPLICANT INFORMATION | | 1 | | |
| Legal Name: State of California | | | Organizational Unit: Department of | |
| Address (give city, county, State | | | | |
| 1600 K Street Sacramento, Californ | | ٠. | this application (give a Johnna Meye | r, Policy Manager, (916) 322-078 |
| 1600 K Street | nia 95814 N NUMBER (EIN): | n W E [n] | this application (give a Johnna Meyer AAA-Based To Type of Application (give a Johnna Meyer AAA-Based To Type of Application (give a Johnna Meyer AAA-Based To Type of Application (give a Johnna Meyer AAA-Based To Type of Application (give a Johnna Meyer AAA-Based To Type of Application (give a Johnna Meyer AAA-Based To Type of Application (give a Johnna Meyer AAA-Based To Type of AAA-Based To Type of Application (give a Johnna Meyer AAA-Based To Type of AAA-Based To | ^{irea code)} r, Policy Manager, (916) 322-078 |
| 1600 K Street Sacramento, Califorr 6. EMPLOYER IDENTIFICATIO | N NUMBER (EIN): 3 4 7 Continuation er(s) in box(es) | Revision Ouration ARING HOUSE | this application (give a Johnna Meye: AAA-Based Towns and the second terms of the seco | res code) r, Policy Manager, (916) 322-078 eam 3 NT: (enter appropriate letter in box) |

| I. THE OF SUBMISSION; | | 3. DATE RECEIVED | I SIAIL | State Application Identifier | |
|-----------------------------------|--------------------------------|--------------------|---------------------------|--|--|
| Application Construction | Preapplication | | | | |
| Non-Construction | Construction Non-Construction | 4. DATE RECEIVED E | Y FEDERAL AGENCY | Federal Identifier | |
| 5. APPLICANT INFORMATION | | | | | |
| Legal Name: | | | Organizational Unit: | | |
| State of California | | | Department of | [:] Aging | |
| Address (give city, county, Sta | te, and zip code): | | | umper of person to be contac | ted on matters involvi |
| 1600 K Street | | | this application (give ar | | 6401 000 0 m 00 |
| Sacramento, Califor | nia 95814 | • | | , Policy Manager, (| 976) 322-0788 |
| 6. EMPLOYER IDENTIFICATI | | | AAA-Based Te | Bam 3 NT: (enter appropriate letter in | |
| 9 4 - 6 0 0 | · | | " THE OF AFFECA | *** (eurer appropriate letter if | |
| 9,4, 0,0,0 | 1 3 4 7 | TWE INT | A. State | H. Independent School Dist. | A |
| 8. TYPE OF APPLICATION: | 日日日田田 | | B. County | I. State Controlled Institution | of Higher Leaming |
| No. | Continuation | Revision | | J. Private University | |
| | Tall | 1003 NU | , | K. Indian Tribe | |
| If Revision, enter appropriate le | itter(s) in box(es) | | L | L Individual | |
| A. Increase Award B. De | crease Award C. Increase | Quearion | 11 | M. Profit Organization N. Other (Specify) | |
| | (specify): | ADING HOUSE | G. Gpecial District | L. Other (Specify) | |
| | STATECLE | ARING HOUSE | 9. NAME OF FEDERAL | AGENCY: | |
| | | | U.S. Department o | f Labor, Employment & | Training Admin. |
| 10. CATALOG OF FEDERAL I | OMESTIC ASSISTANCE NUM | MBER: | 11. DESCRIPTIVE TITL | E OF APPLICANTS PROJE | CT: |
| | | 117 - 2 3 5 | | | |
| | <u>ب</u> | <u> </u> | provide subsidized | Service Employment P part-time employment | rogram will |
| TITLE: Senior Com | munity Service Employn | nent Program | in communities for | low-income persons ag | opportunities |
| 12. AREAS AFFECTED BY PR | OJECT (Cities, Counties, State | es, etc.); | older. | rem modifie personic ag | jed oo and |
| State of California (Exhib | ít E) | | | | |
| 13. PROPOSED PROJECT | 14. CONGRESSIONAL DIST | RICTS OF: | | | |
| Start Date Ending Date | a. Applicant | | b. Project | | |
| 7/1/03 6/30/04 | Californ | nia | • | | |
| 15. ESTIMATED FUNDING: | | | 16. IS APPLICATION SU | BJECT TO REVIEW BY STA | ATE EXECUTIVE |
| | | | ORDER 12372 PROC | ESS7 | |
| a. Federal | \$ 7.5 | 592,805 | | | Control of the Contro |
| | | 392,005 | | LICATION/APPLICATION W | |
| b, Applicant | 1,6 | 90,050 | | OTHE STATE EXECUTIVE (R REVIEW ON: | ORDER 12372 |
| c. State | \$ | 99 | | | |
| | 2,0 | 22.000 ; | DATE | | |
| d. Local | \$ | - - | L No. El DDGGERMA | 0 NOT 04 (mmm m) (5 0 | |
| e. Other | \$ | 30 . | | S NOT COVERED BY E. O. VM HAS NOT BEEN SELECT | |
| e. Other | J | | FOR REVIEW | | ED BY STATE |
| f. Program income | \$ - | 20 | , or treplet | , | |
| | | 1 | 7. IS THE APPLICANT | ELINQUENT ON ANY FEDI | FRAL DEST? |
| g. TOTAL | \$ 11.3 | 04.855 | Yes If Yes," atta | | □N□ |
| 18. TO THE BEST OF MY KNOW | | | | | _ |
| DOCUMENT HAS BEEN DULY | | | | | |
| ATTACHED ASSURANCES IF | | | | | |
| 3. Type Name of Authonzod Rep | esentative b. | Title | | Telephone Number | |
| Lynda Terry | | irector | | 16) 322-5290 | |
| I. Signature of Authonzea Repres | ientative | | e. 0 | Date Signoo | |

| a. Type Name of Authonzod Representative | b. Title | c. Telephone Number |
|--|----------|---------------------|
| Lynda Terry | Director | (916) 322-5290 |
| d. Signature of Authonzed Representative | | e. Date Signed |

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| | | | | | | 0.10 | | | |
|--|--------------------|------------------------------|--|---------------------------------------|--|--|-------------------|--|---------------------|
| | TION FOR | | | | Ta | | Appro | val No. 034 | |
| FEDERAL | . ASSISTA | NCE | 2. DATE SUBMITTED June 16 | 6, 2003 | Applicant Ide | ntitier | | | |
| 1. TYPE OF SU | BMISSION: | | 3. DATE RECEIVED BY | STATE | State Applica | tion Identifier | **** | | |
| Application | | Preapplication | | | | | | | |
| ✓ Construc | | Construction | 4. DATE RECEIVED BY | FEDERAL AGENCY | Federal Ident | ifier | | | |
| Non-Con | | Non-Construction | <u> </u> | | | | | | |
| Legal Name: | INFORMATION | | | Organizational Unit: | | | | · | |
| | TEHACHA | Pl | | TEHACHAPI | CITY FIR | E DEPAR | TME | :NT | |
| Address (give c | ity, county, State | , and zip code): | | Name and telephone | number of pers | on to be conta | icted or | n matters in | volv |
| 115 SOU | TH ROBINS | SON ST. | | this application (give a TIMOTHY B. | rea code) | LII INI | | | |
| TEHACHA | API, CA. 93 | 3561 | | 661 822-2230 | | TLIIV | | | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): | | | | 7. TYPE OF APPLICA | | propriate letter | in box | } | |
| 95- | 6000 | | | 74120 | utti (omor ap) | , op., a.c. | | C | |
| | | 701011 | | A. State | H. Independe | ent School Dist | • | | |
| 8. TYPE OF AP | PLICATION: | | | B. County | | olled Institutio | n of Hig | jher Learni | ng |
| | ₩ Nev | w Continuation | Revision | C. Municipal | J. Private Uni | | | | |
| If Day delegation and | v amaraniata lat | tandak in hassidasak | I [| D. Township | K. Indian Trib | е | | | |
| If Revision, ente | я арргорнате ет | ter(s) in box(es) | | E. Interstate | L. Individual | ! | | | |
| A. Increase A | ward B Dec | crease Award C. Increase | Duration | F. Intermunicipal G. Special District | M. Profit Orga N. Other (Spe | | | | |
| D. Decrease I | | (specify): | Daration | O. Opedia Disardi | re. Onior (ope | ,ony) | | | |
| | | | | 9. NAME OF FEDERA | AL AGENCY: | ······································ | | | |
| *************************************** | | | ************************************** | USDA COMMUN | ITY FACILI | TIES | | | |
| 10 CATALOG | OE EEDEBAL D | OMESTIC ASSISTANCE NU | IMPED. | 11. DESCRIPTIVE TO | | | IECT. | | |
| I G. GATALOG | OF FEDERAL D | OMESTIC ASSISTANCE NO | 10-766 | | | | JEC I. | | |
| | | L | 110 - 110 0 | ENGINE HOUSE | : FOR FIRE | STATION | | | |
| 12 AREAS AE | | OJECT (Cities, Counties, Sta | toe eta l | - | 900 | Carrier of the Carrie | expression of the | S administration of the control of t | specialists |
| | | • | 188) 616:7: | | | | FI | | COMMISSION |
| TEHACHAP | I AND KERN | COUNTY | | | To the second | 1 | WHOM: | | ages and the second |
| 13. PROPOSED | PROJECT | 14. CONGRESSIONAL DIS | STRICTS OF: 21 5 | ŧ. | and the state of t | પ્રકૃત | 24 | 2003 | 100 |
| Start Date | Ending Date | a. Applicant | | b. Project | DOSESSAME TO SERVICE STATEMENT OF SERVICE STATEMENT SERVICE STATEMENT OF SERVICE STATEMENT OF SERVICE STATEMENT ST | | guess de prince | MO LOS | ad |
| 10/1/03 | 1/1/04 | CITY OF TE | HACHAPI | | ENGINE | HOUSE | HAME | MAHON | en deservations |
| 15. ESTIMATE | FUNDING: | | | 16. IS APPLICATION | SUBJECT TO | REVIEW BY | STATE | EXECUTI | VE |
| | | | | ORDER 12372 PR | OCESS? | | | | |
| a. Federal | | \$ | 70,936 · | | | | | | |
| b. Applicant | | \$ | 00 | a. YES. THIS PREA | | | | | |
| o. Applicant | | 3 | 10,000 | l . | TO THE STA | | /E ORL | DER 12372 | |
| c. State | | s | .00 | FROCESS | FOR REVIEW | OIV. | | | |
| | | | o · | DATE | 06/16/03 | | | | |
| d. Local | | \$ | 00 | | | | | | |
| - Oh | | | 0 | b. No. PROGRA | | | | | |
| e. Other | | \$ | .00 | OR PROC | BRAM HAS NO | T BEEN SEL | ECTED | BY STATI | Ξ |

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

0

FOR REVIEW

Yes If "Yes," attach an explanation.

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

| THE AUGUSTATE IS ATTA | avee. | |
|---|------------------------|---------------------------------------|
| a. Type Name of Authorized Representative TIMOTHY B. McLAUGHLIN | b. Title FIRE CHIEF | c. Telephone Number (661) 822-2230 |
| d. Signature of Authorized Representative | | e. Date Signed 4 (14/03 |

80,936

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f. Program Income

g. TOTAL

\$

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Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

₩ No

SWRCB "udgets

OMB Approval No. 0348-0043

| APPLICATION FOR FEDERAL ASSISTANCE | 2. Date Submitted | Applicant Identifier |
|---|--|--|
| 1. Type of Submission: | 3. Date Rec'd by State | State Application Identifier |
| Application Preapplication Construction Construction X Nonconstruction Nonconstruction | 4. Date Rec'd by Federal | Federal Identifier |
| 5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814 | Organizational Unit: Division of Financial Assistance Name and telephone of person to b involving this application (give are James Kuykendall (916) 341-5874 | |
| 6. Employer Identification Number (EIN): 680281986 8. Type of Application: _X_ New Revision Continuation If Revision, enter appropriate letter(s): A. Increase Award C. Increase Duration D. Decrease Duration Other (specify) | B. County I. Stat C. Municipal J. Priv D. Township K. Ind E. Interstate L. Ind F. Intermunicipal M. Pro | lependent School District c Institute of Higher Learning vate University lian Tribe |
| Catalog of Federal Domestic Assistance Number 66.458 Title: Capitalization Grants for State Revolving Funds | | 's Project: |
| 12. Area Affected by Project: (cities, counties, states, etc.) California 13. Proposed Project: | To achieve statewide completance v | JUN 2 3 2003 |
| Start Date End Date 7/1/03 6/30/13 | 14. Congressional District of: Applicant: Project | TE-6LEARING HOUSE |
| 15. ESTIMATED FUNDING: a. Federal \$94,726,665 b. Applicant \$0 c. State \$18,945,333 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$113,671,998 | available to the State review on: Date; b. NO:Program is n | ess? ion/preapplication was made EO 12372 process for June 20, 2003 ot covered by EO # 12372 not been selected by the ew. |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT, THE DOCUMENT HAS BEEN DUAPPLICANT, AND THE APPLICANT WILL COMPLY WILL AWARDED. | ULY AUTHORIZED BY THE GOVERNI | NG BOARD OF THE |
| a. Typed Name of Authorized Representative Celeste Cantú | b. Title: Executive Director | c. Telephone Number (916) 341-5615 |
| d. Signature of Authorized Representative | | e. Date Signed: |

Standard Form 424

| APPLICATION FOR | | | | OMB Approval No. 0348-0043 |
|--|-----------------------------|--|--|--|
| FEDERAL ASSISTAL | NCF | 2. DATE SUBMITTED | | Applicant Identifier |
| LDEITAG NOOIO | JIIN 2 9 300 | | | |
| 1. TYPE OF SUBMISSION: | | 3. DATE RECEIVED B | Y STATE | State Application Identifier |
| Application CTA | Preapplication Construction | A DATE BECEIVED B | Y FEDERAL AGENCY | Federal Identifier |
| Non-Construction | Non-Construction | HOUSE | | |
| 5. APPLICANT INFORMATION | | Control of the Assault | | |
| Legal Name: | or Myangit A | uthority | Organizational Unit: | |
| Antelope Valle Address (give city, county, State, | and sin codel: | u o no i x y j | Name and Jelephone | number of person to be contacted on matters involving |
| 1031 West Ave | • | | this application (give a | nies code) |
| Lancaster, CA | 93534 | | Ron Cun | ningham |
| 6. EMPLOYER IDENTIFICATION | | | T TYPE OF APPLICA | -2616 Ext. 209 ANT: (enter appropriate letter in box) |
| | 7 1 1 9 | | MITEO ATTES | G |
| 95-4377 | 17 7 3 | | A. State | H. Independent School Olst. |
| B. TYPE OF APPLICATION: | | · | B. County | I, State Controlled Institution of Higher Learning J. Private University |
| ☐ New | Continuation | Revision | C. Municipal D. Township | K. Indian Tribe |
| If Revision, enter appropriate lett | er(a) in box(ea) | C other | E. Interstate | L. Individual |
| 4 France August P. D. | August C Incress | - Duration | F. Intermunicipal G. Special District | M. Profit Organization N. Other (Specify) |
| A. Increase Award B. Dec D. Decrease Duration Other(| rease Award O. Increase | e Danacos | | |
| | , | | 9. NAME OF FEDER | ALAGENCY: artment of Transportation |
| increase : | scope | ************************************** | U.S. Dep | Transit Administration |
| A AUTAL OR OF FEDERAL OR | ALIMATIA A KALATALIAN NI | BAD Pro. | | TLE OF APPLICANT'S PROJECT: |
| 10. CATALOG OF FEDERAL DO | | | | intenance & Operations |
| Federal Transi Program Gran | tand I sone | 20 - 5 00 | I New "Id | On IT A |
| A ADEAD ACCORD BY DO | Simon Johns Counties Co | of a stable | TACITY' | Phase II: Design 4. lanagement, construction |
| 12 AREAS AFFECTED BY PAC Antelope Valle | y portion of | northern | Project N | lanagement, construction |
| Los Angeles Co | unty, Califo | ornia | | |
| 13. PROPOSED PROJECT | 14-CONGRESSIONAL DI | STRICTS OF: | | |
| | a. Applicant | | b. Project | |
| 7-1-03 3-31-05 | 25 | | 25 | A STATIVE A STATE OF STATIVE |
| 15. ESTIMATED FUNDING: | | | 16. IS APPLICATION ORDER 12372 PF | SUBJECT TO REVIEW BY STATE EXECUTIVE |
| a. Federal | 18102 | 2.0 | 7 | • |
| | 471,83 | >7 ———————————————————————————————————— | a YES. THIS PREA | APPLICATION/APPLICATION WAS MADE |
| b. Applicant | \$ | , | | E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON: |
| c. State | \$ | | | |
| d. Local | | - W | DATE | |
| u. Locai | 122,94 | | h No RI PROGRA | AM IS NOT COVERED BY E. O. 12372 |
| e. Other | ŧ | | ORPRO | GRAM HAS NOT BEEN SELECTED BY STATE |
| Form garden (17 to 10 to | | | FOR REV | /IEW |
| f. Program Income | \$ | • 00 | 42 10 THE ADDITION | NT DELINQUENT ON ANY FEDERAL DEBT? |
| g. TOTAL | \$ | . 0 | ······································ | |
| | 614,79 | | | |
| 18. TO THE BEST OF MY KNOW | VLEDGE AND BELIEF, ALL | L DAYA IN THIS APPLI | CATION PREAPPLICAT | TION ARE TRUE AND CORRECT, THE |
| ATTACHED ASSURANCES IF T | AUTHORIZED BY THE GO | YERNING BODY OF TI | HE APPLICANT AND TI | HE APPLICANT WILL COMPLY WITH THE |
| a. Type Name of Authorized Repr | resentative | h. Title | | c. Telephone Number |
| William Budlo | ng | Executive | Director | 661-726-2616 Ext 203 |
| d. Signature of Authorized Repres | aentativo | • | e ^{co} | 6 /23/03 |
| Previous Edition Usable | | | | Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102 |
| Authorized for Local Borroduction | | • | | Prescribed by OMH Circular A-194 |

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved OMB No. 1875-0106 Exp. 11/30/2004

| Applicant Information | | r | Organizational Unit |
|---|---------------------------------|---------------------------------|--|
| Name and Address Legal Name: Palmdale School District | | | Palmdale School District |
| | | | Los Amigos Dual Immersion |
| Address: 39139 N. 10 th Street East | | | Magnet School |
| | | | |
| Palmdale | | CA Los Ans | geles 93550 - 3419 |
| City | | State County | |
| 2. Applicant's D-U-N-S Number 6 2 0 | 6 4 2 4 2 1 | 6. Novice Applica | untYes _X_No |
| 3. Applicant's T-I-N 9 5 - 6 0 2 | 3 4 2 | | delinquent on any Federal debt?Yes _X_N |
| 4. Catalog of Federal Domestic Assistance #: 8 | 34 | (If "Yes," attac | h an explanation.) |
| Title: FOREIGN LANGUAGE ASSISTANCE | PROGRAM GRANT 8. Type | of Applicant (Enter ag | opropriate letter in the box.) F_ |
| | | A Ct-1- | E. Indomendent Cohool District |
| | | A - State B - Local | F - Independent School District G - Public College or University |
| 5. Project Director: <u>Dr. Linda Wagner</u> | | | istrict H - Private, Non-profit College or |
| Address: Palmdale School District, 39139 I | V. 10 th Street East | University D - Indian Tri | ibe I - Non-profit Organization |
| Address. Turndale School District, 371371 | 11 TO OHOOL Bast | E - Individua | |
| Palmdale CA | 93550-3419 | | |
| City State Tel. #: (661) 285-1546 Fax #: (661) 285 | 1640 11 11 15 10 15 | K-Other (Spe | 2C1fy): |
| | | | |
| E-Mail Address: <u>lkwagner@psd.k12.ca.u</u> | | | |
| | JUN 23 | 3 2003 [] | |
| Application Information | | 12 4- | ah activities invalving human subjects planned |
| 9. Type of Submission: -PreApplication -Application | OTATE | 12. Are any resear | ch activities involving human subjects planned a |
| Construction Construct | ion STATE CLEAR | ING HOUSEGO | ing the proposed project period? to 12a.) _X_ No (Go to item 13.) |
| X Non-Construction X Non-Co | nstruction | | |
| 10. Is application subject to review by Executi | ve Order 12372 process? | | the research activities proposed designated to be t from the regulations? |
| Yes (Date made available to the Exe | | | vide Exemption(s) #): |
| process for review):/ | | | |
| VNo (K"No" -hock | Lalam \ | No (Prov | vide Assurance #): |
| X No (If "No," check appropriate box Program is not covered b | | 13. Descriptive Ti | tle of Applicant's Project: |
| X Program has not been se | | | |
| 14 5 | 0 / 21 / 06 | Los Amigos Dua | l Immersion Magnet School |
| 11. Proposed Project Dates: 9 / 1 / 03 Start Date: | 8 / 31 / 06 End Date: | | |
| Start Date. | End Date. | | |
| Estimated Funding | Authorized Represen | ntative Informati | ion |
| <u> </u> | 15. To the best of my known | wledge and belief, all | data in this preapplication/application are true |
| 14a. Federal \$ <u>174,920</u> . 00 | and correct. The docu | ıment has been duly aı | uthorized by the governing body of the applicant |
| b. Applicant \$ <u>175,500</u> <u>.00</u> | and the applicant will | comply with the attac | ched assurances if the assistance is awarded. |
| c. State \$00 | a. Authorized Representati | ive (<i>Please type or pri</i> | int name clearly.) |
| d. Local \$00 | | Dr. Robert Rice | |
| e. Other \$00 | b. Title: | | |
| f. Program Income \$00 | c. Tel. #: (661) 947-719 | | |
| | d. E-Mail Address: | | |
| g. TOTAL \$ <u>374,932</u> .00 | e. Signature of Authorize | | |
| 5. 1 O 1 ALL 5 3/4,734 | c. Signature of Authorize | u Representative | / /2 - |
| | () | -1 - | - Date: 6 10,0 |

| OMB Approval No | . 0348-0043 |
|-----------------|-------------|
|-----------------|-------------|

| APPLICATION FOR | | | | ОМВ Арр | proval No. 0348-0043 |
|---|---|---------------------------|---|---|----------------------|
| FEDERAL ASSISTAN | EDERAL ASSISTANCE 2. DATE SUBMITTE June | |), 2003 | Applicant Identifier | |
| 1. TYPE OF SUBMISSION: | | 3. DATE RECEIVED BY | STATE | State Application Identifier | |
| Application Construction Non-Construction | Preapplication Construction Non-Construction | 4. DATE RECEIVED BY | FEDERAL AGENCY | Federal Identifier | |
| 5. APPLICANT INFORMATION Legal Name: | | | Organizational Unit: | | |
| Čalifornia Human De | | ation | Farmworker S | | |
| Address (give city, county, State, 3315 Airway Drive, S CA 95403 | | na County, | this application (give a | number of person to be contacted rea code) iz, President/CEO, (7 | |
| 6. EMPLOYER IDENTIFICATION 9 4 - 1 6 5 3 8. TYPE OF APPLICATION: | | | A. State B. County | H. Independent School Dist. I. State Controlled Institution of | N |
| ✓ New | Continuation | Revision | C. Municipal D. Township | J. Private University K. Indian Tribe | |
| , | er(s) in box(es) rease Award C. Increase specify): | e Duration | E. Interstate F. Intermunicipal G. Special District | L. Individual M. Profit Organization N. Other (Specify)nonpro | fit CBO |
| | | | 9. NAME OF FEDERA | AL AGENCY: | |
| | | | US Dept. of Labo | or/Employment and Trainir | ng Admin. |
| 10. CATALOG OF FEDERAL DO | OMESTIC ASSISTANCE N | UMBER: | 11. DESCRIPTIVE TIT | TLE OF APPLICANT'S PROJEC | et: |
| TITLE: Workforce In 12. AREAS AFFECTED BY PRO Napa and Sonoma Count 13. PROPOSED PROJECT | DJECT (Cities, Counties, Sta | | development for | | o-enterprise |
| | | ПП г | JUN 2 3 2003 | | |
| Start Date Ending Date 7/1/03 6/30/04 | a. Applicant CA | 6 | b. Project | CA 6 & 1 | |
| 15. ESTIMATED FUNDING: | | STATE | ORDER 12372 PE | SUESECT TO REVIEW BY STA | ATE EXECUTIVE |
| a. Federal | \$ | 150,000 · | a YES THIS PREA | APPLICATION/APPLICATION W | 'AS MADE |
| b. Applicant | \$ | .00 | AVAILABLE | TO THE STATE EXECUTIVE (FOR REVIEW ON: | |
| c. State | \$ | 00 | DATE | 06/20/03 | |
| d. Local | \$ | | | AM IS NOT COVERED BY E. O. | |
| e. Other | \$ | .00 | OR PRO | GRAM HAS NOT BEEN SELEC ⁻ /IEW | TED BY STATE |
| f. Program Income | \$ | .00 | 17. IS THE APPLICA | NT DELINQUENT ON ANY FED | ERAL DEBT? |
| g. TOTAL | \$ | 150,000 | Yes If "Yes," | attach an explanation. | ☑ No |
| 18. TO THE BEST OF MY KNOWN DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF | AUTHORIZED BY THE GO | OVERNING BODY OF TH | CATION/PREAPPLICATION AND TO | HE APPLICANT WILL COMPLY | CT, THE WITH THE |
| a. Type Name of Authorized Rep George L. Ortiz | presentative | b. Title President/CEO | | c. Telephone Number (707) 523-1155 | |
| d. Signature of Authorized Repre | sentative | | | e. Date Signed | 3 |
| | / 4. | | | Standard Form 424 | (Pay 7.97) |

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| APPLICATION FEDERAL AS | | E | 2. DATE SUBMI | TTED | ~ ~ | Aı | pplic | ant Identi | ifier | | | |
|--------------------------------|------------------|---------------------|------------------|-------------|----------|----------------------|-------------|-------------------|--|------------------------|--|---|
| 1.TYPE OF SUBMISSI | ON: | | 3. DATE RECEIV | ED BY STATE | = | St | tate / | Application | n Ide | ntifier | | - |
| Application | Preapp | lication | | | | | | . 14 | | | | |
| Construction | ✓ c∘ | nstruction | 4. DATE RECEIV | ED BY FEDER | RAL AGE | NCY Fe | dera | l Identifie | er . | | *************************************** | |
| Non-Construction | | n-Construction | | | | | | | | | | |
| 5. APPLICANT IN | VFORMATI | ON | | | | | | | | | | |
| Legal Name: Pratt | | | panv | | <u> </u> | ational | | | <u>/ A</u> | | | |
| Address (give city, co. | unty, state, an | d zip code): | | | 1 | | | number area co | | rson to be | e contacted on matters involving | j |
| P.O. Box 598 Tulare, CA 932 | 75 | | | | | | | | · |) 688- | 122/ | |
| 6. EMPLOYER IDENTI | IEICATION /E | (A/) . | | wav | | | <u> </u> | ·············· | | <u></u> | | |
| <u></u> | | | 1, 10 | | 7. TYPE | OF AP | PLIC | ANI: (en | ter ap | propriate | letter in box) | _ |
| 9 4 - | 6 0 | 7 9 7 | 1 8 | | A. St | tate | | н. | | ependent : | School Dist. | |
| 8. TYPE OF APPLICAT | TION: | | | <u> </u> | B. Co | ounty unicipal | | I. J. | Priv | ate Unive | led Institution of Higher Learnin ersity | g |
| | New | | tinuation R | evision | D. To | ownship terstate |) | K. L. | | an Tribe vidual | • | |
| | <u>e</u> item | | andudon | CVISION | F. Int | termunio pecial D | cipal | M. | | | ization y)Mutual Water Co | |
| If Revision, enter appr | opriate letter(s | e) in | | | | | | . 14. | | or (op oon, | , <u> </u> | |
| A. Increase Awar | rd B. De | ecrease Award | c. Increase Dur | ation | | | | | | | | |
| D. Decrease Dura | ation Other | r (specify): | | | | | | | | | | |
| | | | | | 9. NAM | | | AL AGEN | | . • | | |
| | | | | | | | | | | | Service | |
| | | | | | | | | - | | | elopment | |
| 10. CATALOG OF FEE | DERAL DOME | STIC ASSISTANC | E NUMBER: | | 11. DES | SCRIPTI | VE T | ITLE OF | APPL | ICANT'S | PROJECT: | |
| 7171.5 | | 1 | 0* - 7 | 6 0 | F | Repla | се | ment | wel | l for #: | 2 | |
| TITLE: 12. AREAS AFFECTE | D BY PROJEC | CT (Cities, Countie | s. States, etc.) | | 1 | | | | | * ' 8 | | |
| | | , , | , , | | | | | | | J | IUN 2 0 2013 | |
| Mathen | y Tract, | Tulare, Tul | are County | , CA | | | | | | | D W EUC) | |
| 13. PROPOSED | | | | | DF: | | | | a de la constante de la consta | gang major ya majoryon | and a second of spinor Co. | |
| Start Date Endi | ing Date | a. Applicant | | | b | . Projec | t | | W, | SIMIC | ULEAHING HUUSE | |
| 6/2/03 6/ | /2/04 | Pratt M | utual Wate | r Co. | | Ν | lew | / Well | | | | |
| | 15. ES | STIMATED FU | JNDING | | 1 | | | ATION S | | | EVIEW BY STATE EXECUTIVE | |
| a. Federal | | \$ | | 500,000 | 000 | | | | | | | |
| b. Applicant | | \$ | | | 0.00 | a. Y | ES. | AVAILA | BLE T | O THE ST | N/APPLICATION WAS MADE FATE EXECUTIVE ORDER REVIEW ON: | |
| b. Applicant | | T | | | | | | | | | | |
| c. State | | \$ | | (| 0.00 | | | DATE | | | | |
| d. Local | | \$ | | (| 0.00 | b. N | 0 | PRO | OGRA | M IS NOT | COVERED BY E.O. 12372 | |
| e. Other | | \$ | | C | 0.00 | | | | | RAM HAS | S NOT BEEN SELECTED BY W | |
| f. Program Inco | me | \$ | | C | 0.00 | 17. IS TH | IE AI | PPLICAN | T DEL | INQUENT | ON ANY FEDERAL DEBT? | |
| g. Total | | \$ | | 500,000 | 0.00 | | YES (| (Attach ex | xplana | ation) | МО | |
| | DOCUME | NT HAS BEE | N DULY AUT | HORIZED I | BY TH | E GOV | VER | NING I | BOD | Y OF T | LICATION ARE TRUE AI THE APPLICANT AND T DED. | |
| a.Type Name of Autho | orized Represe | entative | | b. Title | 1 | | | | | | c. Telephone Number | |
| Fred I | Hughes | | | PM' | WC E | 3oard | <u>l</u> Pr | eside | nt | | (559) 688-1334 | |
| d Signature of Authori | | ative | | | | | | | | | e. Date Signed | |
| 1 Free | d H | ughes | | | | | | | | | 6-16-03 | |





| FEDERAL ASSIST | ANCE | ?. DATE SUBMITTED | | Applicant Identifier | 3 Approval No. 0348-0 |
|--|--------------------------------|--------------------|--|---|---------------------------------------|
| | | | | Applicant identifier | |
| 1. TYPE OF SUBMISSION: Application Construction | Preapplication. | 3. DATE RECEIVED | | State Application Identifier | |
| Non-Construction 5. APPLICANT INFORMATIO | Constructor Non-Construction | 4. DATE RECEIVED E | BY FEDERAL AGENCY | Federal Identifier | |
| Legal Name: | N | | - | | |
| Central Sierra Resou Address (give city, county, Sta | irce Conservation & (| Development | Organizational Unit: Central Sierr | | |
| Jackson, CA 95642 | Road, Ste C | BUVE | I Into application (give a | . Chairnerson | icted on matters invol |
| 6. EMPLOYER IDENTIFICATI | | UN 1 9 2003 | TYPE OF APPLICA | NT: (enter appropriate letter | \square |
| 8. TYPE OF APPLICATION: | | | A. Slate B. County | H. Independent School Dist. | |
| X Ne | cw Continuation | CLEARING HO | MG Municipal D. Township | State Controlled Institution Private University K. Indian Tribe | of Higher Learning |
| If Revision, enter appropriate le | tter(s) in box(es) | | E. Interstate | L. Individual | |
| A. Increase Award B. De | crease Award C. Increase | 2 | F. Intermunicipal | M. Profit Organization | |
| D. Decrease Duration Other | | Duration | G. Special District | N. Other (Specify) Nonp | rofit |
| | | | 9. NAME OF FEDERA | L AGENCY: | |
| | | | | urces Conservation | - Camilan |
| | | | radulal Nesot | arces Conservation | 1 Service |
| 10. CATALOG OF FEDERAL D | OMESTIC ASSISTANCE NU | | 11. DESCRIPTIVE TIT | LE OF APPLICANT'S PROJ | ECT: |
| | | 10-901 | Central Sierra | a RC&D Program i | molementatio |
| TITLE; | | | | - Togram (| inplomontation |
| 12. AREAS AFFECTED BY PR | OJECT (Cilies, Counties, State | es, etc.): | | | |
| Alpine, Amador, Ca | alaveras, & Tuolumr | ne | | | |
| 13. PROPOSED PROJECT | 14. CONGRESSIONAL DIS | TRICTS OF: | | | |
| Start Date Ending Date | a. Applicant | | b. Project 3, 19 |) | |
| 15. ESTIMATED FUNDING: | | | <u></u> | UBJECT TO REVIEW BY S | TATE EXECUTIVE |
| a Federal | S | 34,00C ® | | 70L33 | |
| b. Applicant | \$ | | | PLICATION/APPLICATION TO THE STATE EXECUTIVE | |
| c. State | S | 80 | | OR REVIEW ON: | |
| J. Local | 5 | | DATE | 15-03 | |
| e. Other | s | . Co | ☐ OR PROGR | I IS NOT COVERED BY E. C VAM HAS NOT BEEN SELEC | |
| Program Income | S | , oc | FOR REVIE | | |
| TOTAL | S | ec - | 17. IS THE APPLICANT | DELINQUENT ON ANY FE | DERAL DEBT? |
| | 3 | 34,000 | | ach an explanation. | No 🔀 |
| 8. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSU'RANCES IF | AUTHORIZED BY THE GOVE | ERNING BODY OF THE | ATION/PREAPPLICATION APPLICANT AND THE | ON ARE TRUE AND CORRE APPLICANT WILL COMPL | CT, THE Y WITH THE |
| Type Name of Authorized Repr | | | lc. | . Telephone Number | · · · · · · · · · · · · · · · · · · · |
| Lee Seaton | | Chairperson | | (209) 533-0361 | x242 |
| Lee Seaton Signature of Authorized Repres | sentative Com | Chairperson | | (209) 533-0361 Date Signed 6 - 79 - | |

| NO. | 480 | Ρ. | |
|-----|-----|----|--|
| | | | |

| Application for Federal Assistan | ce | 2 DATE SUBMITTE 04/22/2 | | OMB Approval'N | <u> </u> |
|---|---|--------------------------------------|--|--|---------------|
| 1. TYPE OF SUBMISSION: | 1 | 3. DATE RECEIVED | BY STATTE | State Application Identifier | |
| Application Construction | Presipplication | | | | |
| | Construction | 4 DATE RECEIVED | BY FEDERAL AGENCY | Federal Identifier | |
| Non-Construction | ☐ Non-Construction | T DATE RECEIVE | DITEDURAL AGENCT | 1263 (Rev 4) | |
| 5. APPLICANT INFORMATION Legal Name | 1 h) [[[] | <u> </u> | Organizational Unit | | |
| Bay Area Scho | of Reform Collaborative | | | ractices Network | |
| Address (give city, county, state 181 Fremont Street 2nd Floor San Francisco, CA 9410 San Francisco | 5 | 1 9 2003 | Name and telephone number application (give area code) Dr. Merrill Vargo 415 - 348 - 5500 Cmvargo@basrc.org | sr of the person to be contacted on matters involvin | g this |
| 6. EMPLOYER IDENTIFICATIO | | ARING FIU | | | |
| 9 4 — 3 | 2 2 7 6 | 5 5 | 7. TYPE OF APPLICANT: (A. State B. County | Enter appropriate letter in box) H. Independent School District | |
| 8. TYPE OF APPLICATION: | | | C. Municipal D. Township E. Interstate | State Controled Institution of Higher Educa Private University Indian Tribe Individual | ibon |
| New Cor | admuation Revis | ion : | F. Intermunicipal G. Special District | M. Profit Organization N. Other (specify) non profit school refor | тп огд, |
| If revision, enter appropriate lett | er(s) in box(ès): | _ | | | |
| A. Increase Award B. Decre | ease Award C. Increase Dura | ition | 9. NAME OF FEDERAL AG | ENCY: | |
| D. Decrease Duration E. Other | • | _ | National Talecommunic | ations and information Administration | • |
| | | ; | | | |
| 10. CATALOG OF FEDERAL D | OMECTIC ACCIPTANCE N | MUED de CES | A DESCRIPTION OF A | | |
| TITLE: Technology Opportuni | | IMBER: 11.552 | 11. DESCRIPTIVE TITLE OF | FAPPLICANT'S PROJECT: FORM BEST PRACTICES NETWORK to de | |
| 12. AREAS AFFECTED BY PROJECT (clibes, counties, states, etc.) | | | land implement four inter- | ittive technology applications to seeist school | rie and |
| Directly, School Districts in S Costa, Alameda, San Franci | Six Bay Area Countles (M. | ann Contra | students esp.those of col students | hool reform efforts to improve the achievement or, English language learners, and disadvant | aged |
| 13. PROPOSED PROJECT: | | 14. CONGRESSION | NAL DISTRICTS OF: | | |
| Start Date 10/01/2003 | Ending Data 96/30/2006 | a. Applicant | | b. Project - | 1 |
| | 00/30/2006 | <u> </u> | | 6,7,8,9,10,11,12,13,14,15 | |
| 15. ESTIMATED FUNDING: | , | 1E, IS AI | PPLICATION SUBJECT TO F | EVIEW BY STATE EXECUTIVE ORDER 12372 P | ROCESS? |
| a. Federal | 5 698 | 9,934 .00 a | YES THIS APPLICATION W | AS MADE AVAILABLE TO THE STATE EXECUTI | VE ORDER |
| o. Applicant | \$ 1,164 | ,531 .00 | 12372 PROCESS FOR | | } |
| :. State | S | 0 .00 | | T COVERED BY E.O. 12972 | |
| d. Local | \$. | 0 -00 | | | |
| s. Other | \$ | 00.00 | L OR PROGRAM H | AS NOT BEEN SELECTED BY STATE FOR REVIE | €W |
| Program Income | 5 | 0 .00 17.15 TH | IE APPLICANT DELINQUEN | ON ANY FEDERAL DEBT? | |
| I. TOTAL | 1,863 | ,465 -00 Y | es if Yes," attach an explai | nation No A | |
| A. TO THE BEST OF MY KNOW BEEN DULY AUTHORIZED BY ASSISTANCE IS AWARDED, | VLEDGE AND BELIEF, ALL THE BOVERNING BODY OF | DATA IN THIS APPL THE APPLICANT A | ICATION PREAPPLICATION NO THE APPLICANT WILL O | ARE TRUE AND CORRECT. THE DOCUMENT INCOMPLY WITH THE ATTACHED ASSURANCES | HAS IF THE |
| i. Typed name of Authorized Re | presentative | | b. Title | c. Telephone Number | |
| Dr. Merrill Vargo | 0 | , | Executive Director | 415 - 348 - 5500 | 1 |
| l. Signature of Authorized Repre | sentotive | | | e. Date Signed | |
| Previous Edition Usable | -(| | | Standard Form 424 | (REVASO) |

| APP | LIC | AT | 101 | F | OR | |
|-----|-----|----|-----|---|----|--|
| | | | | | | |

OMB Approval No. 0348-0043

| FEDERAL ASSISTA | NCE | 2. DATE SUBMITTED | | Applicant Identifier |
|--|-----------------------------|---------------------|-------------------------------------|--|
| 1. TYPE OF SUBMISSION: | | 3. DATE RECEIVED S | ATATE | State Application Identifier |
| Application | Preapplication | S, DAIL KLOEKED D | Minic | State Application to antition |
| Construction | Construction | 4. DATE RECEIVED BY | FROFRAL AGENCY | Federal Identifier |
| Non-Construction | Non-Construction | | | t south transling. |
| 5. APPLICANT INFORMATION | | - 111 | | <u></u> |
| Legal Name: | , | | Organizational Unit: | |
| PRINCETON WATER W | VORKS DISTRICT | | FroPuBu | a Bory |
| Address (give city, county, State, | and zip code): | | | lumber of person to be contacted on matters involving |
| PO BOY 224 PRINCETON, CA 9 COLUSA, CALIF | | | This application (give as ALDY FERK | endelli (530) 439-2389 |
| 6. EMPLOYER IDENTIFICATION | | JN 19. 2003 | | NT: (enter appropriate letter in box) |
| | | | A. State | H. Independent School Dist. |
| B. TYPE OF APPLICATION: | | | <u> </u> | I. State Controlled Inalitation of Higher Learning |
| New New | Continuation (| LEARMAINHOU | C-Municipal D-Township | J. Private University K. Indian Triba |
| If Revision, enter appropriate lett | | | 1 | L. individual |
| The state of the s | | | F. Intermunicipal | M. Profit Organization |
| A. Increase Award B. Dec | rease Award C. Increase | Duration | G: Special District | N. Other (Bpacify) |
| D. Decrease Duration Other(s | specify): | | 6. NAME OF FEDERA | |
| | | | PURAL D | EVELOPHENT |
| 10. CATALOG OF FEDERAL DO | MEATIC ARGIOTANCE N | 0197D. | | LE OF APPLICANT'S PROJECT: |
| IN CATALOG OF FEDERAL DO | | | | LE OF AFFLICANT O'PROJECT: |
| FMERGENCY CO. | MUNITY | 10-763 | CONSTRUC | TION OF A NEW WELL |
| | e ASSTANCE | GRANT | ام ا | |
| 12. AREAS AFFECTED BY PRO | JECT (Cilles, Countles, Ste | ros. etc.): | Dellas | AN EXISTING WELL. |
| PRINCETON, CA | in tolusa co | • | KERAU . | |
| NEW WELL | 14. CONGRESSIONAL DI | STRICTS OF: 2 | : | et : |
| Start Date Ending Date | a. Applicant | <u>.</u> | p. Project | 2. |
| 15. ESTIMATED FUNDING: | | | 16. IS APPLICATION | BUBJECT TO REVIEW BY STATE EXECUTIVE |
| | | | ORDER 12372 PR | OCE887 |
| a. Federal | 3 | , au | | · |
| * | 400,0 | >00 B | , | PPLICATION/APPLICATION WAS MADE |
| b. Applicant | \$ | | 1 | TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON: |
| c. State | \$ | , | DATE | 6/19/03 |
| d. Local | \$ | , DOI | | M IS NOT COVERED BY E. O. 12372 |
| e, Other | \$ | ,98 | OR PROG FOR REVI | RAM HAS NOT BEEN SELECTED BY STATE EW |
| f. Program Income | \$ | , 0 0 | 40 IR THE ADDI ITAL | T DELINQUENT ON ANY FEDERAL DEST? |
| g. TOTAL | \$ | .00 | | mach an explanation. |
| 18 TO THE BORT OF MY PHON | VI FROM AND SELLES AL | DATA IN TUIS AGELIA | ANIAN/ROWADBI ICAN | ON ARE TRUE AND CORRECT, THE |
| | AUTHORIZED BY THE GO | VERNING BODY OF THI | | on are true and dorrect, the E applicant will comply with the |
| a. Type Name of Authorized Rep | | b. Title | | c, Telephone Number |
| ANDY FERRENDEL | | PRESIDENT | 1 | 530 439-2389 |
| d. Signature of Authorized Repres | | | | e. Date Bigged |
| andy Former | rdelli | | | 4/19/03 |
| Previous Edition Usable | | | | Standard Form 424 (Rev. 7-97) |

Authorized for Local Reproduction

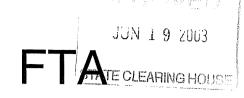
APPLICATION FOR

| FEDERAL ASSISTA | NCE | 2. DATE SUBMITTED 01/16/03 | | Applican | it Identifier |
|--|---------------------------------------|--|--|------------|--|
| 1. TYPE OF SUBMISSION: | | 3. DATE RECEIVED B | V STATE | Ctoto Am | with the laborate |
| Application | Preapplication | S. DATE RECEIVED B | TSIAIE | State Ap | plication Identifier |
| Construction | | 4. DATE RECEIVED B | Y FEDERAL AGENCY | Federal | Identifier |
| Non-Construction | Non-Construction | | | | |
| 5. APPLICANT INFORMATION | | | - p | | |
| | College Foundat | ion | Organizational Unit: | N/A | |
| Address (give city, county, State | · | | | | person to be contacted on matters involvin |
| | r Avenue, Suite | 9 | this application (give a | | |
| Bakersfield | , CA 93301 | | Jeff Johnso | | |
| 6. EMPLOYER IDENTIFICATIO | N NUMBER (EIN): | | 661-295-412 7. TYPE OF APPLICATION | ANT: (ente | er appropriate letter in box) |
| 5 1 - 0 1 5 1 | 4 9 0 | | | | N |
| 8. TYPE OF APPLICATION: | | | A. State B. County | | endent School Dist. Controlled Institution of Higher Learning |
| √ Nev | v Continuation | Revision | C. Municipal | | University |
| X Nev | v [] Continuation | ☐ Hevision | D. Township | K. Indian | - |
| If Revision, enter appropriate let | ter(s) in box(es) | | E. Interstate | L. Individ | lual |
| 4 1 | | JJ | F. Intermunicipal | M. Profit | Organization |
| A. Increase Award B. Dec D. Decrease Duration Other | crease Award C. Increas (specify): | e Duration | G. Special District | N. Other | (Specify) non-profit |
| | | | 9. NAME OF FEDERA | AL AGEN | CY: |
| | | | USDA | | |
| 10. CATALOG OF FEDERAL D | OMESTIC ASSISTANCE N | UMBER: | 11. DESCRIPTIVE TI | TLE OF A | PPLICANT'S PROJECT: |
| | | 1 0 — 7 6 6 | Broadband I Lamont/Weed | | t connection for/Arvin/ |
| TITLE: | | | Lamone, weed | paten | • |
| 12. AREAS AFFECTED BY PRO | OJECT (Cities, Counties, Sta | ates, etc.): | | | |
| Arvin, Lamon | nt and Weedpatch | | | | |
| 13. PROPOSED PROJECT | 14. CONGRESSIONAL DI | STRICTS OF: | | | |
| Start Date Ending Date | a. Applicant | | b. Project | | |
| 9-1-03 8-31-04 | 20t | :h | 20 | th | |
| 15. ESTIMATED FUNDING: | | | 16. IS APPLICATION ORDER 12372 PF | | T TO REVIEW BY STATE EXECUTIVE |
| a. Federal | \$ 30,000 | .00 | | | |
| b. Applicant | \$ | 00 | { | | ION/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372 |
| | | • | PROCESS | | |
| c. State | \$ | .00 | DATE 6 | -13-03 | |
| d. Local | \$ 147,021 | .00 | | | |
| e. Other | \$ 177,021 | .∞ | | GRAM HA | COVERED BY E. O. 12372 S NOT BEEN SELECTED BY STATE |
| f. Program Income | \$ | .00 | | | |
| g. TOTAL | \$177,021 | | Yes If "Yes," | | QUENT ON ANY FEDERAL DEBT? explanation. |
| 18 TO THE BEST OF MY KNOW | WI EDGE AND BELIEF AL | * | | | • |
| 18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF | AUTHORIZED BY THE GO | VERNING BODY OF TH | E APPLICANT AND TH | HE APPLI | CANT WILL COMPLY WITH THE |
| a. Type Name of Authorized Rep | | b. Title | accommendated transaction and included and the control of the cont | c. Teleph | one Number |
| Walt Howard | | Directo | r Machania | 6 | 61-395-4273 |
| d. Signature of Authorized Repre | sentative | | JUN 1 9 20 | e Date S | igned |
| Previous Edition Usable | | | | 1 | Standard Form 424 (Rev. 7-97) |
| Authorized for Local Reproduction | n | Since the second se | STATE CLEARING | HOUSE | Prescribed by OMB Circular A-102 |









U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

| Recipient ID: | 5566 |
|----------------------|--|
| Recipient Name: | LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY |
| Project ID: | CA-90-Y050-01 |
| Budget Number: | 2 - Budget Pending Approval |
| Project Information: | FY01 - Capital Assistance |

Part 1: Recipient Information

| Project Number: | CA-90-Y050-01 |
|-----------------|--|
| Recipient ID: | 5566 |
| Recipient Name: | LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY |
| Address: | ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932 |
| Telephone: | (213) 922-2459 |
| Facsimile: | (213) 922-2476 |

Part 2: Project Information

| Project Type: | Grant |
|----------------------|---------------------------|
| Project Number: | CA-90-Y050-01 |
| Project Description: | FY01 - Capital Assistance |
| Recipient Type: | Transit Authority |
| FTA Project Mgr: | Ray Tellis |
| Recipient Contact: | Gladys Lowe 213-922-2459 |
| New/Amendment: | Amendment |
| Amend Reason: | Decrease Award |
| | |
| Fed Dom Asst. #: | 20507 |
| Sec. of Statute: | 5307 |
| State Anni ID: | None Specified |

| Gross Project Cost: | -\$10,837,438 |
|----------------------|----------------|
| Adjustment Amt: | \$0 |
| Total Eligible Cost: | -\$10,837,438 |
| Total FTA Amt: | -\$8,669,950 |
| Total State Amt: | \$0 |
| Total Local Amt: | -\$2,167,488 |
| Other Federal Amt: | \$0 |
| Special Cond Amt: | \$0 |
| | |
| Special Condition: | None Specified |
| S.C. Tgt. Date: | None Specified |
| S.C. Eff Date: | None Specified |

| Start/End Date: | - |
|---|----------------|
| Recvd. By State: | |
| EO 12372 Rev: | YES |
| Review Date: | None Specified |
| Planning Grant?: | NO |
| Program Date (STIP/UPWP/FTA Prm Plan) : | |
| Program Page: | 1225 |
| Application Type: | Electronic |

| Est. Oblig Date: | None Specified |
|--------------------------|----------------|
| Pre-Award Authority?: | Yes |
| Fed. Debt Authority?: | No |
| Final Budget?: | No |

Urbanized Areas

Supp. Agreement?:

Debt. Delinq. Details:

| UZA ID | UZA Name |
|-------------|---------------------------------------|
| I GI WYZI Y | LOS ANGELESLONG BEACHSANTA ANA, CA |

Yes

Congressional Districts

| State ID | District Code | District Official |
|----------|---------------|-------------------------|
| 6 | 25 | Howard P McKeon |
| 6 | 26 | David Dreier |
| 6 | 27 | Brad Sherman |
| 6 | 28 | Howard L Berman |
| 6 | 29 | Adam B Schiff |
| 6 | 30 | Henry A Waxman |
| 6 | 31 | Xavier Becerra |
| 6 | 32 | Hilda L Solis |
| 6 | 33 | Diane E Watson |
| 6 | 34 | Lucille Roybal-Allard |
| 6 | 35 | Maxine Waters |
| 6 | 36 | Jane Harman |
| 6 | 37 | Juanita Millender-McDon |
| 6 | 38 | Grace F Napolitano |

| APPLICATION FOR FEDERAL ASSISTANCE | | | 2. DATE SUBMITTED 06/11/6. | Applicant Identifier | | | |
|--|--------------------------|---|---|--|--|--|--|
| 1. TYPE OF SUBMISSION | 1 | - | 3. DATE RECEIVED BY STATE | State Application Identifier | | | |
| Application | | Preapplication | | | | | |
| ☐ Construction ■ Non-Construction | | ☐ Construction☐ Non-Construction | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier R9# 03 - 250 | | | |
| 5. APPLICANT INFORM | ATION | | | | | | |
| Legal Name: | Mission Springs W | ater District | Organizational Unit: | | | | |
| Address (give city, county, 66575 Second Street Desert Hot Springs, CA Riverside County | - | | Name and telephone number of the person to be contacted on matters involving this application (give area code) John Soulliere 760/329-6448 | | | | |
| 6. EMPLOYER IDENTIF | | | A. State H. Independent | A. State H. Independent School District | | | |
| 8. TYPE OF APPLICATION: New Continuation Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award C. Increase Duration Other Specify: Section Revision Revision Revision In Revision In Decrease Award JUN 18 2003 | | | C. Municipal J. Private Unive D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organ G. Special District N. Other (Speci | rsity | | | |
| STATE CLEARING HO | | | NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency | | | | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66606 TITLE: Special Purpose Grant | | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Desert Hot Springs Groundwater Protection Project | | | | |
| 12. AREAS AFFECTED Desert Hot Springs, Cal | | counties, states, etc.): | | | | | |
| 13. PROPOSED PROJEC | Т: | 14. CONGRESSIONAL DISTRICT OF: | | - | | | |
| Start Date 09/01/03 | End Date 07/01/05 | a. Applicant: California 41 st & 45 th | | b. Project California 41 st & 45 th | | | |
| 15. Estimated Funding: | | | 16. IS APPLICATION SUBJECT TO REVIE | W BY STATE EXECUTIVE | | | |
| a. Federal | | \$ 650,500.00 | | CATION WAS MADE | | | |
| b. Applicant | | \$ | a. YES. THIS PREAPPLICATION/APPLICATION AVAILABLE TO THE STATE EXECUTION FOR REVIEW ON: | | | | |
| c. State | | \$ 2,200,000.00 | DATE06/11/03 | | | | |
| d. Local | d. Local \$ 1,615,953.00 | | b. 110. | r o 19979 | | | |
| e. Other \$ | | ☐ PROGRAM IS NOT COVERED BY E.O. 12372 ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | | | | | |
| f. Program Income \$ | | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? | | | | | |
| g. TOTAL \$ 4,466,453.00 | | | Yes If "Yes" attach an explanation. | □ No | | | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF. ALL DATA IN THIS APP BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICAN IF THE ASSISTANCE IS AWARDED. | | | PPLICATION/PREAPPLICATION ARE TRUE AND COI ANT AND THE APPLICANT WILL COMPLY WITH TE | RRECT, THE DOCUMENT HAS IE ATTACHED ASSURANCES | | | |
| a. Typed Name of Authorized Representative. Refujio Bocanegra | | b. Title: General Manager | c. Telephone Number 760/329-6448 | | | | |
| d. Signature of Authorized Representative Relegio Corrego | | | (| e. Date Signed 6-//-03 | | | |
| Previous Editions Not Usable | | 110 | | Standard Form 424A (REV 4 Prescribed by OMB Circular A | | | |

OMB Approval No. 0348-0043

| APPLICATION FOR | • | | | | OMB Approval No. 0348-0043 | |
|---|--------------------|----------------------|--|---|-------------------------------------|--|
| FEDERAL ASSISTA | | 2. DATE SUBMITTED | | Applicant Identifier | | |
| 1. TYPE OF SUBMISSION: Application Prea | pplication | 3. DATE RECEIVED B | Y STATE | State Application Identifier | | |
| | Construction | 4. DATE RECEIVED BY | FEDERAL AGENCY | Federal Identifier | | |
| Non-Construction | Non-Construction | THE RESERVED BY | T EDEIGNE MOENT | r cociai locitario | | |
| 5. APPLICANT INFORMATION | | | | | | |
| Legal Name: | | | Organizational Unit: | | | |
| San Francisco Department | | es | | ising and Homeless Serv | | |
| Address (give city, county, state, and | zip code). | | application (give area | number of the person to be conta code) | acted on matters involving this | |
| P.O. Box 7988 San Francisco, CA 94120- | 7988 | | Daniel Kelly Director of Plar 415-557-5871 | Director of Planning | | |
| 6. EMPLOYER IDENTIFICATION NU | ····· | 1 | 7. TYPE OF APPLIC | ANT: (enter appropriate letter in | box) B | |
| 9 4 - 6 0 | 0 0 4 1 7 | | A. State | H. Independent Sc | | |
| 8. TYPE OF APPLICATION: New | Continuatio | n Revision | B. County C. Municipal | I. State Controlled J. Private Universit | I Institution of Higher Learning tv | |
| If Revision, enter appropriate letter(s) | in hav(as): | | D. Township | K. Indian Tribe | | |
| | · · | | E. Interstate F. Intermunicipa | L. Individual II M. Profit Organizati | ion | |
| A. Increase Award B. Decre D. Decrease Duration Other (s | | Increase Duration | G. Special Distri | | | |
| | | | 9. NAME OF FEDER | | | |
| | | | Substance Abu | ise and Mental Health Ac | dministration | |
| 10. CATALOG OF FEDERAL DOME | STIC | 1 [] | 11. DESCRIPTIVE T | TILE OF APPLICANT'S PROJEC | CT: | |
| ASSISTANCE NUMBER: | |]-[| CHANGES is a homeless management information system for | | | |
| TITLE: CHANGES | | | the San Francisco Department of Human Services' single adult homeless shelters. | | | |
| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): | | | RECEIVED | | | |
| City and County of San Fra | ncisco, California | | Salahan Araban A | 40770000000000000000000000000000000000 | | |
| | | | | ###################################### | JUN 1 8 2003 | |
| 13. PROPOSED PROJECT: | 14 CONGRES | SIONAL DISTRICTS OF: | <u> </u> | | | |
| Start Date Ending Dat | ······ | | | b. Project | STATE CLEARING HOUSE | |
| 8/1/03 7/31/0 | 8th District | | | 8th District | | |
| | Out District | 45 IS ADDI ICA | TION SUBJECT TO BE | EVIEW BY STATE EXECUTIVE O | ARDER 42272 REOCERCS | |
| 15. ESTIMATED FUNDING: a. Federal \$ | 149.0 | 25.00 | | | | |
| | , | ORDER | 12372 PROCESS FOR | R REVIEW ON: | ILABLE TO THE STATE EXECUTIVE | |
| b. Applicant \$ | 360,9 | 75.00 DATE | 6/17/ | v 3 | | |
| | | | | | | |
| c. State \$ | | .00 h NO | PROGRAM IS NOT | COVERED BY E.O. 12372 | | |
| d. Local \$ | | .00 | _ | 50 VERICES DT E.O. 12012 | | |
| | | | OR PROGRAM HAS | NOT BEEN SELECTED STATE F | OR REVIEW | |
| e. Other \$ | | .00 | | | | |
| f. Program Income \$ | | .00 17. IS APPLICA | TION DELINOUENT | ON ANY FEDERAL DEBT? | | |
| t. Program income | | F | | | ✓ No | |
| g. TOTAL \$ | 510,0 | YES | If "Yes," attach an exp | ianalion. | [▼] IVO | |
| | | | | | | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | | | | | |
| a. Typed Name of Authorized Rep | **** | HER THE DIT LICENT | b. Title | | c. Telephone number | |
| Trent Rhorer | | | Executive Direct | ctor | (415) 557-6541 | |
| d. Signature of Authorized Repres | entative | | 1 | | e. Date Signed | |
| 1 VIn Aller | | | | | 6/17/03 | |

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| FEDERAL ASSISTA | NCE | 2. DATE SUBMITTED | / / カ · | Applicant Identifier | • |
|---|--|--|--|--|--------------------------------|
| [4 = 7/2= 0= 0:100:000 | <u></u> | 6/16/ | <i>U)</i> | | |
| 1. TYPE OF SUBMISSION: | | 3. DATE RECEIVED BY | STATE | State Application I | dentifier |
| ↑ Application V Construction | Preapplication Construction | 4 DATE BEGEN/ED DV | / FEDERAL AGENCY | | |
| Non-Construction | Non-Construction | 4. DATE RECEIVED BY | FEDERAL AGENCY | Federal Identifier | |
| 5. APPLICANT INFORMATION | | | | 1 | |
| Legal Name | | | Organizational Unit: | | |
| Address (give city, county, State, | RE COUNTY MEN | DRIAL DISTAIC | | | |
| P.O. BOX 10148, E. | | | Name and telephone number of person to be contacted on matters involving this application (give area code) | | |
| | 93219- | 0148 | JOE MEP | HETRIDE | E 599-757-3870 |
| 6. EMPLOYER IDENTIFICATION | · | | 7. TYPE OF APPLICA | NT: (enter appropri | ate letter in box) |
| 9 TYPE OF APPLICATION. | | | A. State | H. Independent So | |
| 8. TYPE OF APPLICATION: | p | | B. County C. Municipal | J. Private Universit | Institution of Higher Learning |
| New | Continuation | ☐ Revision | D. Township | K. Indian Tribe | ay . |
| If Revision, enter appropriate lette | er(s) in box(es) | | E. Interstate | L. Individual | |
| | ``, | | F. Intermunicipal | M. Profit Organizat | tion |
| A. Increase Award B. Deci D. Decrease Duration Other(s | rease Award C. Increase | Duration | G. Special District | N. Other (Specify) | |
| | , | | 9. NAME OF FEDERA | | |
| | All Market and the second and the se | And the state of t | USDA RU | RAL DEVI | ELOPMENT |
| 10. CATALOG OF FEDERAL DO | MESTIC ASSISTANCE NU | IMBER: | 11. DESCRIPTIVE TIT | TLE OF APPLICAN | T'S PROJECT: |
| | | 10-766 | REPLAC | E HVAC | SYSTEM |
| TITLE: COMMUNITY 12. AREAS AFFECTED BY PRO | FACILITIES LOANS, | AND GRANTS | 1 | | _ |
| 12. AREAS AFFECTED BY PRO | JECT (Cities, Counties, Sta | tes, etc.): | TIPTON MEMORIAL BLDG. | | |
| TIPTON, TULAK | E COUNTY, U. | SA | | S-Herrichten | RECEIVED. |
| 13. PROPOSED PROJECT | 14. CONGRESSIONAL DIS | STRICTS OF: Dev | in Nunes | ************************************** | JUN 1 8 2003 |
| , - | a. Applicant | | b. Project | 7 - | |
| OCT, 2003 BERT, 2004 | 10 | | | AO S | TATE CLEARING LIGHT |
| 15. ESTIMATED FUNDING: | | | 16. IS APPLICATION ORDER 12372 PR | | IEW BY STATE EXECUTIVE |
| a. Federal | \$ 60,0 | 00 | ORDER 123727 R | 000001 | |
| | | 00 | | | ICATION WAS MADE |
| b. Applicant | \$ | • | 1 | : 10 THE STATE E. FOR REVIEW ON: | XECUTIVE ORDER 12372 |
| c. State | \$ | .00 | DATE 4 | 6/16/03 | • |
| d. Local | \$ 20, | ,000.00 | b. No. ☐ PROGRA | M IS NOT COVER | ED BY E. O. 12372 |
| e. Other | \$ | .00 | i = | GRAM HAS NOT BE | EEN SELECTED BY STATE |
| f. Program Income | \$ | .00 | 17 IS THE APPLICAN | T DELINQUENT O | N ANY FEDERAL DEBT? |
| g. TOTAL | \$ 80,0 | 000 | Yes If "Yes," a | | / |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE | | | | | |
| DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE | | | | | |
| ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | | | | |
| a. Type Name of Authorized Repr | ····· | b. Title | _ | c. Telephone Numb | per |
| Joe Ray McPhe | | DIRECT | OR | 959-757 | - <i>3010</i> |
| d. Signature of Authorized Repres | | e. Date Signed | 112/03 | | |
| Province Edition Locale | the bidge | | | L Standar | (1) (0) d Form 424 (Rev. 7-97) |
| Previous Edition Usable / Authorized for Local Reproduction | 1 | | | | ed by OMB Circular A-102 |

| APPL | TANCE | 2. DATE SUBMITTED | Applicant Identifier | OMB Approval No. 0348-0043 |
|--|---------------------------------------|-----------------------------|---|--|
| | <u> </u> | June 12 3. DATE RECEIVED BY | Applicant identifier | |
| 1. TYP SU Applion | ਮੌਲੂੰ' Preapplication | 3. DATE RECEIVED BY | State Application Identifier | |
| | | 4. DATE PEOFIL | | |
| nstruc | n Non-Construction | W DATE RECEIVED BY | GENCY Federal Identifier | |
| 5 - APLICA | IFORMATION | | <u> </u> | |
| Legalame 6 | side Union Fla | m. Sch. Di | · · · · · · · · · · · · · · · · · · · | District |
| Address (give cou | inty, state, and zip code): | D I a | nizational Unit: School | District o be contacted on matters involving |
| 9100 rs | | 1 | application <i>(give area code)</i> ean Fetterhoff or | - |
| Hanfd, | California 93 | 230 | 559) 582-2868 | |
| 77. | | | YPE OF APPLICANT: (enter apprpriate | te letter in box) |
| 8. TYPE OF APPLICATION | 0 1 1 1 3 5 8 | 9 2 | State H. Independe | ent School Dist. |
| If Revision, enter approp | New Continu | uation Revision | County I. State Con Municipal J. Private Un Township K. Indian Trik Interstate L. Individual Intermunicipal M. Profit Org. Special District N. Other (Sp | trolled Institution of Higher Learning liversity be anization |
| Increase | | | | |
| D. Decrease Duration | E Decrease Award Con Other (specify): | Increase Duration | | |
| | | ī | AME OF FEDERAL AGENCY: | |
| TALOG OF EFDERA | | | .S.D.ARural Dev | elopment |
| 10. CATALOG OF FEDERA | L DOMESTIC ASSISTANCE NU | MBER: | DESCRIPTIVE TITLE OF APPLICANT | 'S PROJECT: |
| | | | | 5 THOUSE, |
| TITLE: | 110 | - 17 6 6 | ardenside Playgro | und Fauinment |
| 12. AREAS AFFECTED BY P | ROJECT (Cities, Counties, Sta | tes, etc.) | ar denside i rajgro | Lquipment C |
| Lake of the | IUII E I EM SCh | D 2 . | | TECEN/EN / |
| Gardens sect | ion of Hanfor | d. CA | · · · · · · · · · · · · · · · · · · · | The same and the s |
| Gardens sect 13. PROPOSED PROJ Start Date Ending Date | a. Applicant | ONAL DISTRICTS | now design | RECEIVED / |
| (1 | | | b. Project | |
| 10 | 04 20th Conc ESTIMATED FUNDIN | G Dist. | 20th Cong. Dis | LATE CLEARING HOUSE |
| a. Federal | \$ | | ORDER 12372 PROCESS? | O REVIEW BY STATE EXECUTIVE |
| | | 18,000 .C | 0 a. YES. THIS PREAPPLICAT | ION/APPLICATION WAS MADE |
| b. Applicant | \$ | | XX X AVAILABLE TO THE | STATE EXECUTIVE ORDER |
| 0+0 | 1 | 6,000 ^{.0} | 0 12372 PROCESS FO | OR REVIEW ON: |
| c. State | \$ | .0 | 0 | |
| d. Local | \$ | 0 | DATE June | 12, 2003 |
| | | 0.0 | b. NO PROGRAM IS N | OT COVERED BY E.O. 12372 |
| e. Other | \$ | 0 | . | HAS NOT BEEN SELECTED BY |
| f. Program Income | \$ | 0 | STATE FOR RE | |
| | | 0 .00 | 17. IS THE APPLICANT DELINQUI | ENT ON ANY FEDERAL DEBT? |
| g. Total | \$ | 04 00 .00 | YES (Attach explanation) | V NO |
| 18. TO THE BEST OF MY | KNOWLEDGE AND BE | 24.000 | i | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | | | |
| CORRECT, THE OCCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT AND THE APPLICANT AND THE APPLICANT AND THE Type Name of Authorized Representative | | | | |
| Jean Fetterho | ff | b. Title | | c. Telephone Number |
| Signature of Authorized Represe | entative | Interim | CEO | (559) 582-2868 |
| Laus VI | terlises | | | e. Date Signed |
| evious/Edition Usable UTHORIZED FOR LOCAL REPROD | UCTION | | A | June 12, 2003 |
| | 10 | | STAN Prescri | NDARD FORM 424 (REV. 4-92) bed by OMB Circular A-102 |

OMB Approval No. 0348-0043 2. DATE SUBMITTED **APPLICATION FOR** Applicant Identifier June 11, 2003 FTA 9016 **FEDERAL ASSISTANCE** 3. DATE RECEIVED BY STATE State Applicant Identifier 1. TYPE OF SUBMISSION Application Preapplication 4. DATE RECEIVED BY FEDERAL AGENCY ☐ Construction Federal Identifier Non-Construction ☐ Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: Golden Gate Bridge, Highway and Transportation District Name and telephone number of the person to be contacted on matters involving this application Address (give city, county, state, and zip code): P.O. Box 9000, Presidio Station Nina Rannells, Capital and Grant Programs Manager San Francisco, CA 94129 (415) 923-2327 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) G 0 6 6 0 0 6 9 H. Independent School Dist. State State Controlled Institution of Higher Learning County B. 8. TYPE OF APPLICATION: Private University C. Municipal Indian Tribe Township n New ☐ Continuation ☐ Revision E. Interstate Individual Intermunicipal М. Profit Organization Special District N. Other (Specify) If Revision, enter appropriate letter(s) in box(es): C. Increase Duration B. Decrease Award 9. NAME OF FEDERAL AGENCY: D. Decrease Duration Other (specify): Federal Transit Administration 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC 0 5 n ٥ 2 ASSISTANCE NUMBER: FY 2003 Capital Assistance for various projects including San Francisco Lay Berth and Larkspur Dredging TITLE: Federal Transit - Capital Investment Grants JUN 1 8 2003 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Counties of Marin, San Francisco 13. PROPOSED PROJECT: 14. CONGRESSIONAL DISTRICTS OF: STATE CLEARING HOUSE Start Date Ending Date a. Applicant b. Project 6 and 8 07/01/2002 12/31/2006 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE a. Federal \$ 2,116,161.00 STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: b. Applicant \$ 529,040,00 DATE June 11, 2003 c. State \$ 0.00 b. NO. PROGRAM IS NOT COVERED BY E.O. 12372 d. Local \$ 0.00 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW e. Other \$ 0.00 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? f. Program Income \$ 0.00 ⊠ No Yes If "Yes." attach an explanation. g. TOTAL \$ 2,645,201.00 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. b. Title c. Telephone number a. Typed Name of Authorized Representative Celia G. Kupersmith General Manager (415) 923-2203 e. Date Signed d. Signature of Authorized Representative



II. General Information

Applicant Organization's Legal Name:

City of Los Angeles

Applicant Agency ORI Number: C A 0 1 9 4 2

The ORI number is assigned to your agency by the FBI for purposes of UCR crime reporting. It begins with your state abbreviation followed by five digits. If your agency does not have an ORI number, leave this blank, and the COPS Office will assign one to you.

Applicant Agency EIN Number: 9 5 6 0 0 0 7 3 5

The EIN number is assigned to your agency by the Internal Revenue Service (IRS) and consists of <u>nine digits</u>. If the Office of Justice Programs has assigned your department an EIN number, please use that assigned number. Otherwise, use your IRS EIN number.

25,27,28,29,30,31,32,

Federal Congressional District Number: 33,34,35,36,37,39,46 Do not substitute state or local congressional districts. If your agency spans more than one congressional district, please list all of those districts above.

Is your agency contracting for law enforcement services? [Check one]

[] Yes [x] No

If "yes," enter the name and agency information of the contract law enforcement department in Section III., Executive Information.

III. Executive Information

Law Enforcement Executive's Name:

The law enforcement and government executives that appear in this section **must** be those individuals who will have <u>ultimate financial and programmatic authority</u> for this grant. Typically, these are the highest-ranking officials within your jurisdiction (e.g., Chief of Police, Sheriff, or equivalent for law enforcement executives, and Mayor, City Administrator, or equivalent for government executives). Listing individuals without ultimate financial and programmatic authority for the grant could delay the review of your application or remove your application from consideration.

Title: William J. Bratton, Chief of Police Agency Name: Los Angeles Police Department Address: 150 N. Los Angeles Street

| City: Los Angeles State: | CA | Zip Code: | 90012 |
|---------------------------|----|------------|-------|
| Telephone: (213) 485-3202 | | (213) 485- | |

brattonw@lapd.lacity.org

☐ County Police Department

Type of Law Enforcement Agency:

E-mail (if applicable):

Municipal Municipal

| ☐ Sheriff* | ☐ Tribal | ☐ Transit* | | |
|---------------------------|------------------|----------------------|--|--|
| ☐ School* | ☐ Public Hous | ing* | | |
| ☐ University/College* | Please indicate: | (Public or Private) | | |
| □Other* (please specify): | | | | |

☐ State

^{*} Agency types with an asterisk next to them must complete the appropriate additional questionnaire found in Section IX.

| Government Executive's Name: | | | | |
|--|---------------------|----------------|-------------------------|--|
| Title: Jame | es K. Hahn, | Mayor | | |
| Name of Gove | ernment Entity:_ | City of Lo | os Angeles | |
| Address: | 200 N. Spr | ing Street, | Room 303 | |
| | | | | |
| City: Los Ar | igeles State: | CA | _ Zip Code: 90012 | |
| Telephone: (2 | <u>(13) 978-060</u> | 0 Fax: | : <u>(213) 978-0656</u> | |
| | | | ty.org | |
| E man (ir appr | 100010) | nemay or 1 rao | - cy • c i g | |
| Type of Gover | rnment Entity: | | | |
| ☐ State | 🛛 City | ☐ Town | ☐ County | |
| ☐ Village | ☐ Borough | ☐ Township | ☐ Territory | |
| ☐ Region | ☐ Council | ☐ Community | □ Pueblo | |
| ☐ Nation | ☐ School Dist | rict | | |
| ☐ Other (pleas | se specify): | | | |
| | | | | |
| Contact Information: | | | | |
| Contact person in your department who is familiar with this grant: | | | | |
| Name: Roberta M. Yang | | | | |
| Title: Deputy Mayor for Public Safety | | | | |
| Telephone: (213) 978-0630 Fax: (213) 978-0889 | | | | |
| E-mail (if appl | icable):rya | ng@mayor.lac | ity.org | |

| ١ | V. | De | par | tmei | nt Ir | nforr | nation |
|---|----|----|-----|------|-------|-------|--------|
|---|----|----|-----|------|-------|-------|--------|

| Population served as of 2000 U.S. Census: 3,694,820 |
|---|
| If the population that your agency serves is not represented by U.S. Census figures (e.g., colleges, special departments), please indicate the size of the population served here: N/A |
| Exclude the population primarily served by other law enforcement agencies within your jurisdiction. For example, a sheriff's department must exclude populations covered by a city police department for which the sheriff's department has no primary law enforcement authority. |
| Current budgeted sworn strength as of the date of application. The |

Current budgeted sworn strength as of the date of application. The budgeted sworn strength is the number of sworn officer positions your department has allocated for its budget. This number will include all budgeted officer positions, including locally-funded, COPS-funded, vacancies, and other grant-funded officer positions:

Full-time officers: 9,200 Part-time officers: N/A

V. Required Signatures

IMPORTANT! PLEASE READ PRIOR TO SIGNING BELOW:

Prior to receiving an HSOP grant award, your agency must comply with all application and program requirements set forth in the Public Safety Partnership and Community Policing Act of 1994 and all other requirements of federal law. Your signatures below certify that by submitting this application, your agency is requesting COPS funding only for officer overtime which would not otherwise be funded in your agency's budget with state or local funds. Reminder: In order to process your agency's funding request, original signatures of the law enforcement and government executives who will have ultimate financial and programmatic authority for this grant are required on all application documents. Faxed copies will not be accepted. Stamped or electronic signatures also will **not** be accepted. It is not permissible for someone to sign application forms in place of the law enforcement and/or government executives named in the application. Applications with missing, incomplete or inaccurate signatures or responses may not be considered for funding.

By signing below, I certify that the information provided on this form and on the attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS grants may result in fines, imprisonment, debarment from participating in federal grants or contracts, and/or any other remedy available by law. I also acknowledge that a hold may be placed on this application if it is deemed that the applicant agency is not in compliance with Federal civil rights laws and/or is not cooperating with an ongoing Federal civil rights investigation.

| (Signature of person named in Section III of this for | _ Date: | 6/12/2003 |
|---|---------|-----------|
| William J. Bratton (Print name) | _ | |
| Government Executive's Signature: | Date: | 1.110/0 |
| Signature of person named in Section III of this fo | | 6/1-/- |
| lames K. Hahn (Print name) | | |

Authorized for Local Reproduction

Jun-18-03

818 677 4691

Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR

2 DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE June 13, 2003 R09 #03-204 1. TYPE OF SUBMISSION: 1 DATE RECEIVED BY STATE State Apolication Identifier Application
Construction Preapplication Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction Non-Construction S. APPLICANT INFORMATION egal Name Organizational Unit: City of Willits Address (give city, county, State, and zip code) terms and telephone number of person to be contacted on matters involving ne epotication (give area code) DeeLynn R. Carpenter 111 E. Commercial Street Willits CA 95490 (707) 459-4601 6. EMPLOYER IDENTIFICATION NUMBER (EIN) 7. TYPE OF APPLICANT: (enter appropriate letter in box) 6 0 0 0 4 5 C H. Independent School Dist. A State 8. TYPE OF APPLICATION: I. State Controlled Institution of Higher Learning C. Municipal J. Private University O. Township K. Indian Tribe If Revision, enter appropriete letter(s) in box(es) F Interstate L. Individual F. Intermunicipal M. Profit Omanization A. Increase Award B. Decrease Award G. Special District N. Other (Specify) D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: U. S. Environmental Protection Agency 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11, DESCRIPTIVE TITLE OF APPLICANT'S PROJECT. 6 6 - 6 0 6 City of Willits Long Term Wastewater Infrastructure Improvements and Wetlands Mitigation Project TTTLE: Surveys. Studies, Investigations & Special Purpose Gran 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Willits 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: lst Congressional District of California Start Date Ending Date a. Apolicant 10/1/03 9/30/04 15. ESTIMATED FUNDING 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a Federal 303,600 8. YES. THIS PREAPPLICATION/APPLICATION WAS MADE. h. Applicant * AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 248,400 PROCESS FOR REVIEW ON: c. State 2 DATE 6/16/2003 00 d. Local 3 b. No. D PROGRAM IS NOT COVERED BY E. O. 12372 A. e Other 2 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW f. Program Income 1907 \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g TOTAL Yes If "Yes," attach an explanation. No. 552,000 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative c. Telephone Number b. Title ROSS WALKER (707) 459 4601 City Manager d. Signature of Authorized Regresentable e. Date Signed June 13, 2003 Previous Edition Usable

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

| APPLICATION FOR | | | | OMB Approval No. 0348-00 |
|---|--|--------------|---------------------------------|---|
| FEDERAL ASSISTA | INCE | 2. DATE SUB | 6/13/03 | Applicant Identifier 03-284 |
| 1. TYPE OF SUBMISSION: | | 3. DATE RECE | EVED BY STATE | State Application Identifier |
| Application Construction | Preapplication Construction | | | <u> </u> |
| Non-Construction | Non-Construction | 4. DATE RECE | IVED BY FEDERAL AGENCY | Federal Identifier |
| 5. APPLICANT INFORMATION | | | | |
| Legal Name: | | _ | Organizational Unit: | |
| Community Develop Address (give city, county, State | and zin codel: | nty of Mar | | ll Health Services |
| County of Marin 3501 Civic Cente | r ₉ 25i3e, R 256 | 6 6 | this application (give a | number of person to be contacted on matters involverea code) |
| 6. EMPLOYER IDENTIFICATION | N NUMBER (EIV): | JUN 17 2 | 003 7. TYPE OF APPLICA | NT: (enter appropriate letter in box) |
| 9 4 - 60 00 | 15119 | 0011 1 / 6 | A. State | H Jadanandari Sahari Disa |
| 8. TYPE OF APPLICATION: | | | B. County | H. Independent School Dist. I. State Controlled Institution of Higher Learning |
| November 1 November 2 November 2 November 2 November 2 November 2 November 3 November 4 November 3 November 4 November 4 | w Continuation | CLEHRYM | G HOMECHAIN | J. Private University |
| If Revision, enter appropriate let | tar(s) in box(as) | | D. Township | K. Indian Tribe |
| a state of appropriate lot | (0)(3) #1 60x(63) | | E. Interstate F. Intermunicipal | L. Individual M. Profit Organization |
| | crease Award C. Increase | Duration | G. Special District | N. Other (Specify) |
| D. Decrease Duration Other | (specify): | | | |
| | | | 9. NAME OF FEDERA | |
| | | | U.S. Environ | nmental Protection Agency |
| 10. CATALOG OF FEDERAL D | OMESTIC ASSISTANCE NU | MBER: | 11 DESCRIPTIVE TIT | LE OF APPLICANT'S PROJECT: |
| | <u></u> | | | |
| Surveys, Special S | andrent phectat. | 6[6] - [6] | | de of Septic Systems in |
| TITLE: Purpose 12. AREAS AFFECTED BY PRO | GRANTS OJECT (Cities, Counties, Stat. | es etc.) | rast Shote Of | Tomales Bay, Marin County, (|
| | | | | |
| Marin County, Cali | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | |
| 13. PROPOSED PROJECT | 14. CONGRESSIONAL DIS | TRICTS OF: | 4 | |
| Start Date Ending Date | a. Applicant | | b. Project | |
| 11/1/03 11/1/06 | County of Marin, | Comm. Dev | . Agn Tomales | Bay Septic Repair |
| 15. ESTIMATED FUNDING: | - | | 16. IS APPLICATION S | SUBJECT TO REVIEW BY STATE EXECUTIVE |
| a. Federal | I s | 0 0 | ORDER 12372 PR | OCESS? |
| ar , outrai | 216, 800 | • | A YES THIS PREAM | PPLICATION/APPLICATION WAS MADE |
| b. Applicant | \$ | ,00 | | TO THE STATE EXECUTIVE ORDER 12372 |
| c. State | | 00 | | FOR REVIEW ON: |
| c. State | 190, 000 | | DATE | 6/13/03 |
| d. Local | \$ | .00 | | 0/13/03 |
| o Other | | | | M IS NOT COVERED BY E. O. 12372 |
| e. Other | \$ | .00 | 1 | RAM HAS NOT BEEN SELECTED BY STATE |
| 1. Program Income | \$ | 00 | FOR REVI | EW |
| | | | 17. IS THE APPLICANT | T DELINQUENT ON ANY FEDERAL DEBT? |
| g. TOTAL | \$ 406, 800 | 0.** | | tach an explanation. |
| 18. TO THE BEST OF MY KNOW | | - | | ON ARE TRUE AND CORRECT, THE |
| DOCOMENT HAS BEEN DULT | AUTHORIZED BY THE GOV | ERNING BODY | OF THE APPLICANT AND THE | E APPLICANT WILL COMPLY WITH THE |
| ATTACHED ASSURANCES IF | HE ASSISTANCE IS AWAR | DED. | | The Complete William III |
| a. Type Name of Authorized Repr Alex Hinds | esentative | Director | Comm. Dev. Agency | Telephone Number |
| d. Signature of Authorized Repres | | DITCCEOL | Comm. Dev. Agendy | (415) 499-7001 Bigned |
| Hep Hend | Doot its Con Mate | 7071 1 | ate / / 124 # of > / | 3/03 |
| Previous Edition Usable Authorized for Local Reproduction | Post-it® Fax Note | 7071 | 1 1/05 pages. / | Standard Form 424 (Rev. 7-97) |
| | 1 SIME WEARING | ylus [" | rom P. SMIM | Prescribed by OM8 Circular A-102 |
| | | Cooper C | 000 10 01 100 11 | <u>2</u> |
| | Phone # | P | none # 415-499-690 | 7 |
| | Fax # 9110 - 323 | - 37.112 F | ax # | Management |

YPI

| APPLICATION FOR | | | | OMB Approval No. | 0348-004 |
|---|---|------------------------------|---------------------------------------|--|------------------------|
| FEDERAL ASSISTAL | NCE | 2. DATE SUBMITTED April 22 | 2, 2003 | Applicant Identifier | |
| 1. TYPE OF SUBMISSION: | | 3. DATE RECEIVED BY STATE | | State Application Identifier | |
| Application Construction Non-Construction | Preapplication Construction Non-Construction | 4. DATE RECEIVED BY | FEDERAL AGENCY | Federal Identifier | |
| E ABBUIDANT INTERMINATION | | | | | |
| Legal Name: YOUTH FO | BLICT INSTITUT | TE (YPI) | Organizational Unit: | | |
| Address (give city, county, State, 634 5.5 | CO. 1/4 Property | G TVE | this application (give a | number of person to be contacted on matter rea code) りょいん うしっからだん てきっと しみゃり ピットルッチ もののに | is involving N ~ () |
| 6. EMPLOYER IDENTIFICATION 5 2 1 2 7 8 8. TYPE OF APPLICATION: | [3]3[9][[] J | UN 17 2003 | A State B. County C. Nunicipal | MT: (enter appropriate letter in box) H. Independent School Dist. I. State Controlled institution of Higher Let J. Private University | arning |
| If Revision, enter appropriate lette | | Heylston, | ~D∵Township E, interstate | K, indian Tribe L, individual | |
| A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): | | | F. Intermunicipal G. Special District | M. Profit Organization N. Other (Specify) NGN - (Right) T | |
| D. Decrease Duration Other(specify). | | | 9. NAME OF FEDERAL AGENCY: | | |
| | | | 120 | FELE COMMUNICATIONS A BRUNTION ABOUNTSTA | 4~0 47:5~/ |
| 10. CATALOG OF FEDERAL DO | DIRESTIC ASSISTANCE NU]] JUNE TO NOT TO SERVE TO NOTE TO SERVE | 11-552 | 11. DESCRIPTIVE TO | LE OF APPLICANT'S PROJECT: | |
| 12. AREAS AFFECTED BY PRO | | | SATURAT | NON PROJECT | |
| 13. PROPOSED PROJECT | 14. CONGRESSIONAL DIS | STRICTS OF: | | | |
| Start Date Enging Date | a. Applicant CA-3 | 34 ' | | CA-28 | |
| 15. ESTIMATED FUNDING: | | | 16. IS APPLICATION ORDER 12372 PR | SUBJECT TO REVIEW BY STATE EXEC OCESS? | UTIVE |
| a. Federal b. Applicant | \$ 689 5 | NA. | † | PPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12: | 972 |
| c. State | \$ 1,472, | 197 | 1 | FOR REVIEW ON: | • / • |
| d. Local | \$ | .00 | DATE | | |
| e. Other | s 1,511 1 | 152. | | M IS NOT COVERED BY E. O. 12372 BRAM HAS NOT BEEN SELECTED BY ST. IEW | ATE |
| f. Program income | \$ 760. | 697 .** | | | |
| g. TOTAL | \$ 3,934 | ०१७. | 1 | IT DELINQUENT ON ANY FEDERAL DEE | |
| DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T | AUTHORIZED BY THE GOTHE ASSISTANCE IS AWA | VERNING BODY OF THI RDED. | | ION ARE TRUE AND CORRECT, THE IE APPLICANT WILL COMPLY WITH THE | |
| | GERLAND | b. Title DIRECT | b.R | c. Telephone Number て13ーしをおって名のて | |
| d. Signature of Authorized Repres | sentative > | | | e. Date Signed APRIL. ZZ, Z06 | 3 |

| ADDLICATION | FOD | r | | | | | OMB Approval No. 0348-0043 | |
|---|--|---------------------------------------|-----------------|--|--|--|---|--|
| APPLICATION FOR FEDERAL ASSISTANCE | | 2. DATE SUBMITTED | | Applicant Identifier | | | | 7 |
| | | June 9, 2003 | | | | | | |
| 1. TYPE OF SUBMISSION | <u> </u> | 3. DATE REC | CEIVED BY STA | TE | State Application Idea | ntifier | | 1 |
| Application | Preapplication | | | | | | | |
| ☐ Construction ☐ Non-Construction | ☐ Construction | 4 | CEIVED BY FED | ERAL AGENCY | Federal Identifier | | | 7 |
| 5. APPLICANT INFORMA | Non-Construction | | | | | | | |
| Legal Name: | TION | | | To | | | | |
| | | | | Organizational | | | | |
| County of Plui Address (give city, county, | | | | | ing Department | | | |
| 520 Main Stre | | | | Name and telep | hone number of the p | erson to be contacte | ed on matters involving | 7 |
| Quincy, Pluma | | | | this application | (give area code) | | | |
| California 959 | | | | ļ | John McMorrov | | | |
| 6. EMPLOYER IDENTIFIC | | · · · · · · · · · · · · · · · · · · · | | 7 TYPE OF AL | (530) 283-6420 | | | 4 |
| 9 4 | | 5 2 8 | | I | PPLICANT: (enter app | | <u> </u> | |
| 8. TYPE OF APPLICATION | | | ` | A. State | | dependent School [| | |
| | ☑ New □ | Continuation | ☐ Revision | B. County | | | tution of Higher Learning | |
| | | Continuation | - IVENISION | C. Municipa D. Townshi | | ivate University | | |
| If Revision, enter appropriat | e letter(s) in box(es); | ПП | | E. Interstate | | dian Tribe | | |
| A. Increase Award | B. Decrease Award | C. Increase Di | uration | | | dividual | | |
| D. Decrease Duration | Other (specify): | 0. morodoc 5. | aration | F. Intermun G. Special I | - | ofit Organization | | |
| | | | | | EDERAL AGENCY: | ther (Specify) | | - |
| | | | | | | | | |
| 10. CATALOG OF FEDERA | N DOMESTIC | 2 0 - | 1 0 6 | | Federal Aviatior | | on | |
| ASSISTANCE NUMBER | L | | 1 0 6 | III. DESCRIPTI | VE TITLE OF APPLIC | ANT'S PROJECT: | | |
| | | | | Pogers | Field Chester | Diverse Com | -4 . 0 - 17 | |
| тітьє: Planning | Grant Program | | | | Field, Chester, Airport Master F | | | |
| 12 AREAS AFFECTED BY | PROJECT (cities, counties, s | tates, etc.): | | 1 | Environmental F | Racelina Studi | on the constant and constant and a second | Copper Commence |
| | s County, California | , | | | | Jaseille Studi | es land land land land land | |
| 3. PROPOSED PROJECT | | 14. CONGRES | SIONAL DISTR | L ICTS OF: | | | JUN 1 7 200 | 3 |
| Start Date | Ending Date | a. Applicant | | .0.0 01. | b. Pro | niect . | | |
| 2003 | 2004 | , , | 02 | | J. 110 | 02 | STATE CLEARING H | nic. |
| 5. ESTIMATED FUNDING: | | | 16. IS APPLICA | ATION SUBJECT | TO REVIEW BY STA | | RDER 12372 PROCESS? | and the State of t |
| . Federal | \$ | | | | ATION/APPLICATION | | | |
| | 239,400 | .00 | | | IVE ORDER 12372 PF | | | |
| . Applicant | \$ | | | | | | | |
| | 14,630 | .00 | | DATE | lune 10, 2003 | | | |
| . State | | | | | | | | |
| | | .00 | b. NO | PROG | RAM IS NOT COVER | ED BY E.O. 12372 | | |
| . Local | \$ | | | | | | | |
| | 0 | .00 | | OR PR | OGRAM HAS NOT BE | EN CELECTED DV | STATE FOR REVIEW | |
| . Other | *************************************** | | | | | EN SELECTED BY | | |
| | \$ | | | | | EN SELECTED BY | | |
| | \$ | .00 | | | | | | |
| Program Income | \$ 0 | | 17. IS THE APP | | UENT ON ANY FEDE | | | |
| | \$ 0 \$ | | 17. IS THE APP | PLICANT DELING | UENT ON ANY FEDE | ERAL DEBT? | | |
| | \$ 0 \$ 0 | 00 | | PLICANT DELING | | ERAL DEBT? | X No | |
| TOTAL | \$ 0 \$ 0 \$ 266,000 | 00 | | PLICANT DELING Yes If "Yes," | UENT ON ANY FEDE | FRAL DEBT? | X No | |
| TOTAL TO THE BEST OF MY KNOW | \$ 0 \$ 0 \$ 266,000 LEDGE AND BELIEF, ALL DATA | 00 00 IN THIS APPLICA | TION/PREAPPLIC/ | PLICANT DELING Yes If "Yes," ATION ARE TRUE A | attach an explanation | RAL DEBT? | X No | |
| TOTAL TO THE BEST OF MY KNOW AUTHORIZED BY THE GOVE | \$ 0 \$ 0 \$ 266,000 LEDGE AND BELIEF, ALL DATA | 00 00 IN THIS APPLICA | TION/PREAPPLIC/ | PLICANT DELING Yes If "Yes," ATION ARE TRUE A MPLY WITH THE AT | attach an explanation | RAL DEBT? | X No | |
| TOTAL TO THE BEST OF MY KNOW | \$ 0 \$ 0 \$ 266,000 LEDGE AND BELIEF, ALL DATA | 00 00 IN THIS APPLICA | TION/PREAPPLIC/ | PLICANT DELING Yes If "Yes," ATION ARE TRUE A | attach an explanation | CUMENT HAS BEEN C | X No | |
| TOTAL TO THE BEST OF MY KNOW AUTHORIZED BY THE GOVE Typed Name of Authorized John McMorrow | \$ 0 \$ 0 \$ 266,000 LEDGE AND BELIEF, ALL DATA RNING BODY OF THE APPLICA Representative | 00 00 IN THIS APPLICA | TION/PREAPPLIC/ | PLICANT DELING Yes If "Yes," ATION ARE TRUE A MPLY WITH THE AT | attach an explanation ND CORRECT. THE DOC ACHED ASSURANCES I | CUMENT HAS BEEN C | X No DULY S AWARDED. Dine Number | |
| TOTAL TO THE BEST OF MY KNOW AUTHORIZED BY THE GOVE Typed Name of Authorized | \$ 0 \$ 0 \$ 266,000 LEDGE AND BELIEF, ALL DATA RNING BODY OF THE APPLICA Representative | 00 00 IN THIS APPLICA | TION/PREAPPLIC/ | PLICANT DELING YES If "YES," ATION ARE TRUE A MPLY WITH THE ATT b. Title | attach an explanation ND CORRECT. THE DOC ACHED ASSURANCES I | CUMENT HAS BEEN C | No DULY S AWARDED. DIDE Number) 283-6420 | |
| TOTAL TO THE BEST OF MY KNOW AUTHORIZED BY THE GOVE Typed Name of Authorized John McMorrow | \$ 0 \$ 0 \$ 266,000 LEDGE AND BELIEF, ALL DATA RNING BODY OF THE APPLICA Representative | 00 00 IN THIS APPLICA | TION/PREAPPLIC/ | PLICANT DELING YES If "YES," ATION ARE TRUE A MPLY WITH THE ATT b. Title | attach an explanation ND CORRECT. THE DOC ACHED ASSURANCES I | CUMENT HAS BEEN CORRESPONDED IN THE ASSISTANCE OF THE ASSISTANCE O | No DULY S AWARDED. DIDE Number) 283-6420 | |

revious Editions Not Usable

| FEDERAL ASSISTA | NCF | 2. DATE SUBMITTED | | Applicant Identifier |
|--|---|----------------------|------------------------------|---|
| | 1102 | April 22 20 | 003 | , ppiloditi Identinei |
| TYPE OF SUBMISSION: | | 3. DATE RECEIVED B | | Contract Appellia Library |
| Application | Preapplication | S. DATE RECEIVED B | ISIAIE | State Application Identifier |
| Construction | X Construction | 4. DATE RECEIVED B | V CEDERAL AGENOV | |
| Non-Construction | Non-Construction | 4. DATE RECEIVED B | T FEDERAL AGENCY | Federal Identifier |
| 5. APPLICANT INFORMATION | 1 Non Constitution | <u> </u> | | |
| Legal Name: Asociacion | Campesina Lazaro | Cardenac Inc | Organizational Unit: | |
| AKA ACLC INC. | oumpoorner nazaro | Cardenas Inc | i | |
| Address (give city, county, State | and zip code): | | Non prolit h | nousing development agency number of person to be contacted on matters invo |
| 42 N. Sutter Stree | • | | this application (give a | Trumber of person to be contacted on matters invo |
| Stockton CA 95202 | | | Winnie R. On (209) 466 68 | tiveros Project Manager |
| 6. EMPLOYER IDENTIFICATION | N NUMBER (EIN): | | | ANT: (enter appropriate letter in box) |
| 68-0062 | 062 | | A. State | N |
| 8. TYPE OF APPLICATION: | | | B. County | H. Independent School Dist. |
| j. | — | | C. Municipal | I. State Controlled Institution of Higher Learning |
| X New | Continuation | Revision | D. Township | J. Private University K. Indian Tribe |
| If Revision, enter appropriate lette | er(s) in box(es) | | E. Interstate | L. Individual |
| | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | F. Intermunicipal | M. Profit Organization |
| A. Increase Award B. Decr | ease Award C. Increase | Duration | G. Special District | N. Other (Specify) Non profit |
| D. Decrease Duration Other(s | | Duration | G. Special District | N. Other (Specify) NOT PLOTIE |
| | F,,, | | 9. NAME OF FEDERA | AL AGENCY: |
| | | | | |
| 10. CATALOG OF FEDERAL DO | MESTIC ASSISTANCE NUM | ADED. | 44 DECODIDENCE TO | |
| The second of th | MEDITO ADDISTANCE NON | | 11. DESCRIPTIVE III | LE OF APPLICANT'S PROJECT: |
| | 1 | 0 - 4 0 5 | | |
| TITLE: | | | | |
| . AREAS AFFECTED BY PRO | IECT (Cities Counties State | s etc.): | | |
| | oco (Chies, Counties, State | s, e.c.j. | | / //// |
| | | | | 1 7 200 |
| 13. PROPOSED PROJECT 76 units | 14. CONGRESSIONAL DIST 4 | RICTS OF: | | JUN 17 2003 |
| | a. Applicant | | | <u> </u> |
| 10/1/03 10/1/04 | • • | 1 | b. Project | |
| 15. ESTIMATED FUNDING: | ACLC Inc. | | Valle del So | 1 Townhomes |
| 15. ESTIMATED FUNDING: | | | 16. IS APPLICATION S | SUBJECT TO REVIEW BY STATE EXECUTIVE |
| | | | ORDER 12372 PRO | DCESS? |
| a. Federal | \$ 725 | 000 | | |
| A . II | | j | | PPLICATION/APPLICATION WAS MADE |
| o. Applicant | \$ | | | TO THE STATE EXECUTIVE ORDER 12372 |
| 0 | | 189 | PROCESS F | OR REVIEW ON: |
| c. State | 5 | .00 | | |
| | 2,330,1 | .92 | DATE | Olympia dilindra una una anti-anti-anti-anti-anti-anti-anti-anti- |
| I. Local | 250 | | | |
| | 250 ₁ | | | I IS NOT COVERED BY E. O. 12372 |
| Other 5 | | .00 | OR PROGR | RAM HAS NOT BEEN SELECTED BY STATE |
| | 413, | | FOR REVIE | €W |
| Program Income | | .00 | | |
| | 10,564,5 | 66 | 7. IS THE APPLICANT | DELINQUENT ON ANY FEDERAL DEBT? |
| . TOTAL 5 | | .00 | | |
| | 3ر 348 ر 14 | 32 0 | Yes If "Yes," att | |
| 8. TO THE BEST OF MY KNOWL | EDGE AND BELIEF, ALL D | ATA IN THIS APPLICAT | TION/PREAPPLICATION | ON ARE TRUE AND CORRECT, THE |
| DOCUMENT HAS BEEN DULY A | UTHORIZED BY THE GOVE | RNING BODY OF THE | APPLICANT AND THE | APPLICANT WILL COMPLY WITH THE |
| ATTACHED ASSURANCES IF TH | E ASSISTANCE IS AWARD | ED. | | |
| Type Name of Authorized Repres | sentative b. | Title | c | . Telephone Number |
| Carol J. Ornelas | i i | hief Executive | | (209) 466 6811 |
| Signature of Authorized Represen | ntative | | | Date Signed |
| | | | Ã | pril 22 2003 |
| | | | | |

APPLICATION FOR

OMB Approval No. 0348-0043

U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

| | 2. Date Submitted 4. HUD Application Number 4. HUD Application Number |
|---|--|
| Type of Submission Application Preapplication | Date and Time Received by HUD 5. Existing Grant Number |
| | 6. Applicant Identification Number |
| 7. Applicant's Legal Name Citizens Housing Corporat | 8. Organizational Unit N/A |
| 9. Address (give city, county, State, and zip code) A. Address: 26 O'Farrell Street B. City: San Francisco C. County: San Francisco | 10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: James M. Buckley B. Title: President |
| D. State: California E. Zip Code: 94108 | C. Phone: 415/ 421-8605 D. Fax: 415/ 421-8605 E. E-mail: jbuckley@citizenshousing.org 12. Type of Applicant (enter appropriate letter in box) N |
| 11. Employer Identification Number (EIN) or SSN 68-0309768 | A. State I. University or College B. County J. Indian Tribe |
| | C. Municipal K. Tribally Designated Housing Entity (TDHE) Revision D. Township L. Individual E. Interstate M. Profit Organization F. Intermunicipal N. Non-profit |
| If Revision, enter appropriate letters in box(es) A. Increase Amount B. Decrease Amount C. Increase Duratic D. Decrease Duration E. Other (Specify) | |
| | U.S. Department of Housing and Urban Development |
| 15. Catalog of Federal Domestic Assistance (CFDA) Number 1 4 Title: Supportive Housing for the Elderly Component Title: 17. Areas affected by Program (boroughs, cities, counties, St Indian Reservation, etc.) City of San Francisco | Section 202 Supportive Housing for the Elderly; will provide 40 units of supportive housing for seniors in San Francisco. JUN 1 7 2003 |
| 18a. Proposed Program start date 18b. Proposed Program 9 2003 (Exp. hvD Award) 3 2005 (Init | hal Close) District 8: Pelosi Program District 8: Pelosi |
| 20. Estimated Funding: Applicant must complete the Fund 21. Is Application subject to review by State Executive Order A. Yes This preapplication/application was made B. No Program is not covered by E.O. 12372 Program has not been selected by State for 22. Is the Applicant delinquent on any Federal debt? | r 12372 Process? available to the State Executive Order 12372 Process for review on: Date 6/13/03 for review. |
| | |

Funding Matrix The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications. Grant Program* HUD Applicant Other HUD Other Federa State Local/Tribal Other Program Total Share Match Funds Share Share Share Income HUD 202 4,218,000 10,000 0 0 0 4,189,212 8,417,212 0.00 0.000.00 0.0010,000 0.00 0.00 | 0.00 | 4,189,212 | 0.00 | 0.00 | 8,417,212 Grand Totals 4,218,000 For FHIPs, show both initiative and component Certifications I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage. This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement. 23. Signature of Authorized Official Name (printed) James M. Buckley

Date (mm/dd/yyyy)

06/11/03

President

Title

| APPLICATION FOR | | | | OMB Approval No. 0348-0043 |
|--|--------------------------------------|----------------------|--|--|
| FEDERAL ASSISTAN | ICE | 2. DATE SUBMITTED | Assessment Agents | Applicant Identifier |
| FEDERAL AUGIOTAI | 10 L | 6/18/03 | | |
| 1. TYPE OF SUBMISSION: Application | Preapplication | 3. DATE RECEIVED BY | STATE | State Application Identifier |
| Construction Non-Construction | Construction Non-Construction | 4. DATE RECEIVED BY | FEDERAL AGENCY | Federal Identifier |
| 5. APPLICANT INFORMATION | Non-Constitution | <u> </u> | | |
| Legal Name: Institute for Research and | d Technical Assistance | € | Organizational Unit: | |
| Address (give city, county, State, | | | | number of person to be contacted on matters involvin |
| 230 N. Maryland Ave., Su Glendale, CA 91206 | 11 1 12 | GEIV | this application (give a | |
| 6. EMPLOYER IDENTIFICATION 9 5 - 4 2 5 3 | | JUN 17 2003 | 7. TYPE OF APPLICA | ANT: (enter appropriate letter in box) N H. Independent School Dist. |
| 8. TYPE OF APPLICATION: | Continuation | CLEARING HO | B. County CMunicipal | State Controlled Institution of Higher Learning Private University |
| ✓ Nev | Continuation. | . O rules WealthOO | 1 Taynship | K, Indian Tribe |
| If Revision, enter appropriate lett | er(s) in box(es) | | E. Interstate | L. Individual |
| | | - D | F. Intermunicipal | M. Profit Organization N. Other (Specify) Non-profit |
| | rease Award C. Increas ispecify): | e Duration | G. Special District | |
| | | | 9. NAME OF FEDER | |
| | | | | ental Protection Agency |
| 10. CATALOG OF FEDERAL D | OMESTIC ASSISTANCE N | IUMBER: | 1 | ITLE OF APPLICANT'S PROJECT: |
| | | 6 6 - 6 0 6 | Development | of Safer Alternatives for HCFC-141b |
| | | | in Aerosol and | l Handwipe Applications |
| TITLE: 12. AREAS AFFECTED BY PR | OJECT (Cities, Countles, S | tates, etc.): | - | |
| California | OULOT (Omes, Sourmes, O. | allow, coop, | | |
| Camornia | | | J | |
| 13. PROPOSED PROJECT | 14. CONGRESSIONAL D | DISTRICTS OF: | | And the state of t |
| Start Date | a. Applicant 27th | | b. Project 26-38th | |
| 15. ESTIMATED FUNDING: | | | 1 | N SUBJECT TO REVIEW BY STATE EXECUTIVE |
| | | (III) | ORDER 12372 P | PROCESS? |
| a. Federal | \$ | 73,720 | a VES THIS PRE | EAPPLICATION/APPLICATION WAS MADE |
| h Applicant | S | 00 | AVAILABI | LE TO THE STATE EXECUTIVE ORDER 12372 |
| b. Applicant | | (R) | | S FOR REVIEW ON: |
| c. State | \$ | • | DATE 6/ | 118/03 |
| d. Local | \$ | , | b. No. PROGE | RAM IS NOT COVERED BY E. O. 12372 |
| e. Other | \$ | GO. | OR PRO | OGRAM HAS NOT BEEN SELECTED BY STATE EVIEW |
| f. Program Income | \$ | | 17. IS THE APPLIC | ANT DELINQUENT ON ANY FEDERAL DEBT? |
| g. TOTAL | \$ | 73,720 | | " attach an explanation. V No |
| 18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES II | Y AUTHORIZED BY THE (| SOVERNING BODY OF T | ICATION/PREAPPLICA HE APPLICANT AND | ATION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE |
| a. Type Name of Authorized Re | | b. Title Director | | c, Telephone Number 818-244-0300 |
| d. Signature of Avillorized Rep | resentative // | Director | | e. Date Signed 6/18/03 |
| Previous Edition Usable | mont. | | | Standard Form 424 (Rev. 7-97) |
| Authorized for Local Reproduct | lion | | | Prescribed by OMB Circular A-102 |

U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

| 1. Type of Submission 06/13/2003 | |
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| X Application Preapplication 3. Date and Time Received by HUD 5. Existing | pplication Number |
| | g Grant Number |
| 6. Applica | ant Identification Number |
| 7. Applicant's Legal Name Eden Housing, Inc. 8. Organizational Unit. 501(c) (3) Non Profit | t Public Benefit Corporation |
| E R R W B LOLL | |
| 9. Address (give city, county, State, and zip code) 5 10 Name, title, telephone number, fax number | |
| A. Address: 409 Jackson Street contacted on matters involving this application | on (including area codes) |
| B. City: Hayward A. Name: Christine Benguiat | |
| C. County: Alameda County JUN B. Title: Project Developer | |
| D. State: California C. Phone: (510) 247-8106 | |
| E. Zip Code: 94544 D. Fax: (510) 582-6523 | |
| CTATE CLEARING H E E mail: cbenguiat@edenhousing.org | |
| 11. Employer Identification Number (EIN) or SSN 12. Type of Applicant (enter appropriate letter | er in box) N |
| 23-1716750 A. State I. Univer | rsity or College |
| B. County J. Indian | |
| 13. Type of Application C. Municipal K. Triba | Ily Designated Housing Entity (TDHE) |
| X New Continuation Renewal Revision D. Township L. Indivi | dual |
| E. Interstate M. Profit | t Organization |
| If Revision, enter appropriate letters in box(es) F. Intermunicipal N. Non- | profit |
| A. Increase Amount B. Decrease Amount C. Increase Duration G. Special District O. Publi | ic Housing Authority |
| D. Decrease Duration E. Other (Specify) H. Independent School District P. Other | r (Specify) |
| D. Decrease Buration E. Other (Openin) | (-F) |
| 14. Name of Federal Agency | |
| | |
| 14. Name of Federal Agency | |
| 14. Name of Federal Agency U.S. Department of Housing and Urba | an Development |
| 14. Name of Federal Agency U.S. Department of Housing and Urba 15. Catalog of Federal Domestic Assistance (CFDA) Number 16. Descriptive Title of Applicant's Program | an Development |
| 14. Name of Federal Agency U.S. Department of Housing and Urba 15. Catalog of Federal Domestic Assistance (CFDA) Number 16. Descriptive Title of Applicant's Program Supportive Housing for Persons with Disab | an Development |
| 14. Name of Federal Agency U.S. Department of Housing and Urba 15. Catalog of Federal Domestic Assistance (CFDA) Number 16. Descriptive Title of Applicant's Program Supportive Housing for Persons with Disated Component Title: | an Development |
| 14. Name of Federal Agency U.S. Department of Housing and Urba 15. Catalog of Federal Domestic Assistance (CFDA) Number 16. Descriptive Title of Applicant's Program Supportive Housing for Persons with Disate | an Development |
| 14. Name of Federal Agency U.S. Department of Housing and Urba 15. Catalog of Federal Domestic Assistance (CFDA) Number 16. Descriptive Title of Applicant's Program Supportive Housing for Persons with Disate Component Title: 17. Areas affected by Program (boroughs, cities, counties, States, | an Development |
| 14. Name of Federal Agency U.S. Department of Housing and Urba 15. Catalog of Federal Domestic Assistance (CFDA) Number 16. Descriptive Title of Applicant's Program Supportive Housing for Persons with Disated Supportive Housing For Persons wi | an Development |
| 14. Name of Federal Agency U.S. Department of Housing and Urba 15. Catalog of Federal Domestic Assistance (CFDA) Number 16. Descriptive Title of Applicant's Program Supportive Housing for Persons with Disate 17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) 18a. Proposed Program start date 18b. Proposed Program end date 19a. Congressional Districts of Applicant | an Development bilities |
| 14. Name of Federal Agency U.S. Department of Housing and Urba 15. Catalog of Federal Domestic Assistance (CFDA) Number 16. Descriptive Title of Applicant's Program Supportive Housing for Persons with Disate 17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) 18a. Proposed Program start date 18b. Proposed Program end date 19a. Congressional Districts of Applicant | an Development bilities 9b. Congressional Districts of |
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| 14. Name of Federal Agency U.S. Department of Housing and Urba 15. Catalog of Federal Domestic Assistance (CFDA) Number 16. Descriptive Title of Applicant's Program Supportive Housing for Persons with Disate 17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) 18a. Proposed Program start date 11/2003 18b. Proposed Program end date 11/2043 19a. Congressional Districts of Applicant #13 20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2. 21. Is Application subject to review by State Executive Order 12372 Process? | an Development Dilities 19b. Congressional Districts of Program #16 |
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| 14. Name of Federal Agency U.S. Department of Housing and Urba 15. Catalog of Federal Domestic Assistance (CFDA) Number 16. Descriptive Title of Applicant's Program Supportive Housing for Persons with Disate 17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) 18a. Proposed Program start date 11/2003 18b. Proposed Program end date 11/2043 19a. Congressional Districts of Applicant #13 20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2. 21. Is Application subject to review by State Executive Order 12372 Process? | an Development Dilities 19b. Congressional Districts of Program #16 |
| 14. Name of Federal Agency U.S. Department of Housing and Urba 15. Catalog of Federal Domestic Assistance (CFDA) Number 16. Descriptive Title of Applicant's Program Supportive Housing for Persons with Disate 17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) 18a. Proposed Program start date 11/2003 18b. Proposed Program end date 11/2043 11/204 | an Development Dilities 19b. Congressional Districts of Program #16 |
| 14. Name of Federal Agency U.S. Department of Housing and Urba 15. Catalog of Federal Domestic Assistance (CFDA) Number Title: Section 811 Component Title: 17. Areas affected by Program (boroughs, citles, counties, States, Indian Reservation, etc.) 18a. Proposed Program start date 11/2003 18b. Proposed Program end date 11/2043 20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2. 21. Is Application subject to review by State Executive Order 12372 Process? A. Yes B. No Program is not covered by E.O. 12372 Program has not been selected by State for review. 22. Is the Applicant delinquent on any Federal debt? X No | an Development Dilities 19b. Congressional Districts of Program #16 |
| 14. Name of Federal Agency U.S. Department of Housing and Urba 15. Catalog of Federal Domestic Assistance (CFDA) Number 16. Descriptive Title of Applicant's Program Supportive Housing for Persons with Disate 17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) 18a. Proposed Program start date 11/2003 18b. Proposed Program end date 11/2043 11/204 | an Development Dilities 19b. Congressional Districts of Program #16 |
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U.S. Department of Housing and Urban Development

OMB Approval No:2501-0017 (exp. 03/31/2005)

| name of the same o | | | | |
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| Type of Submission | Date Submitted 06/13/2003 | 4. HUD Application Number | | |
| | Date and Time Received by HUD | 5. Existing Grant Number | | |
| | | 6. Applicant Identification Number | | |
| 7. Applicant's Legal Name Eden Housing, Inc. 5 6 | 8. Organizational Unit N/A | | | |
| 9. Address (give city, county, State, and zip code) A. Address: 409 Jackson Street B. City: Hayward C. County: Alameda County D. State: California E. Zip Code: 94544 | contacted on matters involving thi A Name: Marian Gushiken B. Title: Associate Director of | | | |
| 11. Employer Identification Number (EIN) or SSN | 12. Type of Applicant (enter appro | priate letter in box) N | | |
| 23-176750 | A. State B. County | I. University or College J. Indian Tribe | | |
| 13. Type of Application | C. Municipal | K. Tribally Designated Housing Entity (TDHE) | | |
| X New Continuation Renewal Revis | ion D. Township | L. Individual | | |
| | E. Interstate | M. Profit Organization | | |
| If Revision, enter appropriate letters in box(es) | F. Intermunicipal | N. Non-profit | | |
| A. Increase Amount B. Decrease Amount C. Increase Duration | G. Special District | O. Public Housing Authority | | |
| D. Decrease Duration E. Other (Specify) | H. Independent School District | ct P. Other (Specify) | | |
| | 14. Name of Federal Agency | | | |
| | U.S. Department of Housing | and Urban Development | | |
| 15. Catalog of Federal Domestic Assistance (CFDA) Number | 16. Descriptive Title of Applicant's | | | |
| 1 4 15 | | • | | |
| Title: Section 202 Supportive Housing for the Eld Component Title: | erly | | | |
| 17. Areas affected by Program (boroughs, cities, counties, States, | | | | |
| Indian Reservation, etc.) City of Dublin | | | | |
| 18a. Proposed Program start date 18b. Proposed Program end 11/2003 11/2043 | date 19a. Congressional Districts of Ap #13 | plicant 19b. Congressional Districts of Program #16 | | |
| 20. Estimated Funding: Applicant must complete the Funding | Matrix on Page 2. | | | |
| 21. Is Application subject to review by State Executive Order 1237 | | | | |
| A. Yes X This preapplication/application was made availa | able to the State Executive Order 12372 Pr | ocess for review on: Date_6/9/03 | | |
| B. No Program is not covered by E.O. 12372 | | | | |
| Program has not been selected by State for rev | iew. | | | |
| 22. Is the Applicant delinquent on any Federal debt? | No | | | |
| Yes If "Yes," explain below or attach an explanation. | | | | |
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| 5 Applicant Information Legal Name: Department of Conservation Address (give city, county, state and zip code) 801 K. Street, MS 20 – 20 Sacramento, CA 95814-3530 6. EMPLOYER IDENTIFICATION (EIN) Organizational Unit: Division of Oil, Gas, and Geotherma Name and telephone number of the person to be contacted application (give area code.) Michael Stettner (916) 323-1781 | | | | |
|--|---|--|--|--|
| 1. TYPE OF SUBMISSION Application | | | | |
| Application Non-Construction Non-Constru | ION IGCHAILE | | | |
| Construction Non-Construction Non-Construction Non-Construction Non-Construction Non-Construction Non-Construction Non-Construction Department of Conservation Department of Conservation Address (give city, county, state and zip code) 801 K. Street, MS 20 – 20 Sacramento, CA 95814-3530 6. EMPLOYER IDENTIFICATION (EIN) 94 - 2270812 8. TYPE OF APPLICATION Non-Construction Other Specify 8. TYPE OF APPLICATION Continuation If revision, enter appropriate letter(s) in box(es): A Increase Award D. Decrease Duration Other Specify STATE CLEARING DO DESCRIPTIVE TITLE OF APPLICANT'S PROJECT (cities, counties, states, etc.): 10. CATALGG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT (cities, counties, states, etc.): 11. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): 12. Surr Date End Date Department of Conservation Division of Oil, Gas, and Geotherman Resources Department of Conservation Division of Oil, Gas, and Geotherman Resources 14. CONGRESSIONAL DISTRICT OF: Start Date State S 477,043 S 159,933 C State S 159,933 C State S 159,933 C State S 159,933 DATE: S 3-30-03 | | | | |
| Department of Conservation Department of Conservation | fier 216 - 03 - 0 | | | |
| Department of Conservation Division of Oil, Gas, and Geotherma Address (give city, county, state and zip code) 801 K. Street, MS 20 – 20 Sacramento, CA 95814-3530 Michael Stettner (916) 323-1781 7. TYPE OF APPLICANT: (enter appropriate letter here A. State H. Independent School District N. Other (Specify): 8. TYPE OF APPLICANT: (enter appropriate letter here A. State H. Independent School District N. State Controlled Institution Trivate University H. Individual H. Individual H. Individual H. Individual H. Individual H. Individual H. Profit Organization Other Specify: 9. NAME OF FEDERAL AGENCY: STATE CLEARING HOUSE ENVIRONMENTAL PROTECTION 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66 . 4 2 3 TITLE: Underground Injection Control 11. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): 12. PROPOSED PROJECT: 13. PROPOSED PROJECT: 14. CONGRESSIONAL DISTRICT OF: 15. Estimated Funding: 16. IS APPLICATION SUBJECT TO REVIEW BY STORDER 12372 PROCESS? 2. MES, THIS PREAPPLICATION, APPLICATION AVAILABLE TO THE STATE EXECUTIVE OR REVIEW ON: DATE: 5-30-03 d. Local | | | | |
| Address (give city, county, state and zip code) 801 K. Street, MS 20 – 20 Sacramento, CA 95814-3530 Michael Stettner (916) 323-1781 7. TYPE OF APPLICATION (EIN) 94 - 2270812 8. TYPE OF APPLICATION (EIN) 10. New Continuation (Freeling) (Eight (E | 1 Descuraes | | | |
| 801 K. Street, MS 20 – 20 Sacramento, CA 95814-3530 Michael Stettner (916) 323-1781 7. TYPE OF APPLICATION (EIN) 94 - 2270812 8. TYPE OF APPLICATION New Continuation Recision celter appropriate letter for A. State H. Independent School District B. County I. State Controlled Institution C. Municipal J. Private University History Individual Individual Intermunicipal M. Profit Organization C. Increase Award B. Decrease Award C. Increase Duration Other Specify: STATE CLEARING TITLE: Underground Injection Control 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66 . 433 TITLE: Underground Injection Control 11. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): 12. Broom Control Program of Injection 13. PROPOSED PROJECT: 14. CONGRESSIONAL DISTRICT OF: Start Date End Date Department of Conservation Division of Oil, Gas, and Geothermal Resources 15. Estimated Funding: 16. IS APPLICATION SUBJECT TO REVIEW BY STORDER TO THE STATE EXECUTIVE ORI REVIEW ON: 15. Estimated Funding: 16. IS APPLICATION SUBJECT TO REVIEW BY STORDER TO THE STATE EXECUTIVE ORI REVIEW ON: 16. DATE: 5-30-03 17. TYPE OF APPLICATION (EIN) 323-1781 18. Indian Tribe L. Individual Ind | | | | |
| 6. EMPLOYER IDENTIFICATION (EIN) 94 - 2270812 8. TYPE OF APPLICATION V New Continuation 17 revision, enter appropriate letter(s) in box(es): A. Increase Award C. Increase Duration Other Specify: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: DOMESTIC ASSISTANCE NUMBER: 10 - 1 - 02 10 - 1 - 02 11 AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): 12 STATE CLEARING 15 Estimated Funding: a. Federal b. A. State B. County J. State H. Independent School District N. Other (Specify) J. State Cumulation C. Municipal J. Private University K. Indian Tribe Indian Tr | | | | |
| A. State B. County H. State Controlled Institution C. Municipal J. Private University In Country I. State Controlled Institution C. Municipal J. Private University In Country I. State Controlled Institution C. Municipal J. Private University In Country I. State Controlled Institution C. Municipal J. Private University In Country I. State Controlled Institution C. Municipal J. Private University In Country I. State Controlled Institution C. Municipal J. Private University I. Indian Tribe Indian Tribe Intermunicipal M. Profit Organization C. Increase Award D. Decrease Duration Other Specify: STATE CLEARING HOUSE Environmental Profit Organization Special District N. Other (Specify): STATE CLEARING HOUSE Environmental Profit Organization Special District N. Other (Specify): STATE CLEARING HOUSE Underground Injection Control Program for Injection 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6 6 . 4 3 3 Underground Injection Control Program for Injection 11. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): 12. PROPOSED PROJECT: 13. PROPOSED PROJECT: 14. CONGRESSIONAL DISTRICT OF: State Date End Date a. Applicant: Department of Conservation Division of Oil, Gas, and Geothermal Resources States 15. Estimated Funding: 16. IS APPLICATION SUBJECT TO REVIEW BY STORDER 12372 PROCESS? a. YES, THIS PREAPPLICATION/APPLICATION AVAILABLE TO THE STATE EXECUTIVE ORI REVIEW ON: DATE: 5-30-03 d. Local Date: 5-30-03 DATE: 5-30-03 | | | | |
| 8. TYPE OF APPLICATION Vew Continuation New Continuation New Continuation New Continuation Other Specify: A. Increase Award B. Decrease Award C. Increase Duration Other Specify: D. Decrease Duration Other Specify: STATE CLEARING HOUSE ENVIRONMENTAL PROTECTION STATE CLEARING HOUSE ENVIRONMENTAL PROTECTION 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.433 TITLE: Underground Injection Control 11. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): 13. PROPOSED PROJECT: 14. CONGRESSIONAL DISTRICT OF: Start Date 10-1-02 9-30-2003 Division of Oil, Gas, and Geothermal Resources States 15. Estimated Funding: a. Federal b. Applicant S 159,933 d. Local 16. IS APPLICATION SUBJECT TO REVIEW BY STORDER 12372 PROCESS? a. YES, THIS PREAPPLICATION/APPLICATION/APPLICATION AVAILABLE TO THE STATE EXECUTIVE ORD REVIEW ON: DATE: 5-30-03 b. NO | A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning | | | |
| If revision, enter appropriate letter(s) in box(es): A. Increase Award C. Increase Award C. Increase Duration Other Specify: STATE CLEARING D. Decrease Duration Other Specify: STATE CLEARING 9. NAME OF FEDERAL AGENCY: STATE CLEARING HOUSE ENVIRONMENTAL PROTECTION 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: DOMESTIC ASSISTANCE NUMBER: 10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT Underground Injection Control 11. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): 13. PROPOSED PROJECT: 14. CONGRESSIONAL DISTRICT OF: Start Date 10 - 1 - 02 9 - 30 - 2003 Division of Oil, Gas, and Geothermal Resources States 15. Estimated Funding: 16. IS APPLICATION SUBJECT TO REVIEW BY STORDER 12372 PROCESS? a. YES, THIS PREAPPLICATION/APPLICATION AVAILABLE TO THE STATE EXECUTIVE ORI REVIEW ON: C. State S dd. Local 16. NO | | | | |
| A. Increase Award C. Increase Duration Other Specify: D. Decrease Duration Other Specify: STATE CLEARING OTHER SPECIFICATION 9. NAME OF FEDERAL AGENCY: STATE CLEARING HOUSE 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6 6 . 4 3 3 TITLE: Underground Injection Control 11. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): 13. PROPOSED PROJECT: 14. CONGRESSIONAL DISTRICT OF: Start Date 16. IS APPLICATION SUBJECT TO REVIEW BY STORDER 12372 PROCESS? a. YES, THIS PREAPPLICATION APPLICATION AVAILABLE TO THE STATE EXECUTIVE ORI REVIEW ON: C. State 5. M. NO 16. Local | | | | |
| STATE CLEARING HOUSE ENVIRONMENTAL PROTECTION 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6 6 . 4 3 3 TITLE: Underground Injection Control Underground Injection Control Injection 11. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): 12. PROPOSED PROJECT: 14. CONGRESSIONAL DISTRICT OF: 13. PROPOSED PROJECT: 14. CONGRESSIONAL DISTRICT OF: Start Date End Date a. Applicant: Department of Conservation Division of Oil, Gas, and Geothermal Resources States 15. Estimated Funding: 16. IS APPLICATION SUBJECT TO REVIEW BY STORDER 12372 PROCESS? a. Federal S 477,043 a. YES, THIS PREAPPLICATION/APPLICATION AVAILABLE TO THE STATE EXECUTIVE ORI REVIEW ON: C. State S DATE: 5-30-03 d. Local DATE: 5-30-03 b. NO | parameters. | | | |
| STATE CLEARING HOUSE ENVIRONMENTAL PROTECTION 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6 6 . 4 3 3 TITLE: Underground Injection Control 11. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): 13. PROPOSED PROJECT: 14. CONGRESSIONAL DISTRICT OF: Start Date 10 - 1 - 02 11. APPLICATION SUBJECT TO REVIEW BY STORDER 12372 PROCESS? 15. Estimated Funding: 16. IS APPLICATION SUBJECT TO REVIEW BY STORDER 12372 PROCESS? 16. IS APPLICATION SUBJECT TO REVIEW BY STORDER 12372 PROCESS? 16. APPLICATION SUBJECT TO REVIEW BY STORDER 12372 PROCESS? 16. SAPPLICATION SUBJECT TO REVIEW BY STORDER 12372 PROCESS? 16. STATE OT THE STATE EXECUTIVE ORDER 12372 PROCESS? 17. APPLICATION APPLICATION AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS? 18. APPLICATION SUBJECT TO REVIEW BY STORDER 12372 PROCESS? 19. APPLICATION APPLICATION AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS? 20. State 21. APPLICATION SUBJECT TO REVIEW BY STORDER 12372 PROCESS? 22. APPLICATION APPLICATION AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS? 23. APPLICATION APPLICATION AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS? 24. APPLICATION APPLICATION APPLICATION AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS? 25. APPLICATION APPLICATION APPLICATION AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS? | | | | |
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| DOMESTIC ASSISTANCE NUMBER: 6 6 . 4 3 3 TITLE: Underground Injection Control 11. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): 13. PROPOSED PROJECT: 14. CONGRESSIONAL DISTRICT OF: Start Date 10 - 1 - 02 9 - 30 - 2003 Division of Oil, Gas, and Geothermal Resources 15. Estimated Funding: a. Federal b. Project Department of Conservation Division of Oil, Gas, and Geothermal Resources 16. IS APPLICATION SUBJECT TO REVIEW BY STORDER 12372 PROCESS? a. Federal b. Applicant c. State S 159,933 d. Local DATE: 5-30-03 b. NO | AGENCY | | | |
| Underground Injection Control II. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): 13. PROPOSED PROJECT: 14. CONGRESSIONAL DISTRICT OF: Start Date 10 - 1 - 02 9 - 30 - 2003 Division of Oil, Gas, and Geothermal Resources 15. Estimated Funding: 16. IS APPLICATION SUBJECT TO REVIEW BY STORDER 12372 PROCESS? a. Federal b. Applicant 5. 477,043 a. YES, THIS PREAPPLICATION/APPLICATION AVAILABLE TO THE STATE EXECUTIVE ORI REVIEW ON: C. State 5. DATE: 5-30-03 b. NO | îT: | | | |
| TITLE: Underground Injection Control Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection | or Class II Well | | | |
| 13. PROPOSED PROJECT: Start Date 10 - 1 - 02 10 - 1 - 02 15. Estimated Funding: a. Applicant: Department of Conservation Division of Oil, Gas, and Geothermal Resources 16. IS APPLICATION SUBJECT TO REVIEW BY STORDER 12372 PROCESS? a. Federal b. Project Department of Conservation Division of Oil, Gas, and Geothermal Resources States ORDER 12372 PROCESS? a. YES, THIS PREAPPLICATION/ APPLICATION AVAILABLE TO THE STATE EXECUTIVE ORDER REVIEW ON: C. State S. DATE: DATE: 5-30-03 b. NO | | | | |
| Start Date End Date a. Applicant: Department of Conservation Division of Oil, Gas, and Geothermal Resources States 15. Estimated Funding: 16. IS APPLICATION SUBJECT TO REVIEW BY STORE 12372 PROCESS? a. Federal \$ 477,043 a. YES, THIS PREAPPLICATION APPLICATION AVAILABLE TO THE STATE EXECUTIVE ORI REVIEW ON: c. State \$ DATE: 5-30-03 d. Local b. NO | | | | |
| Department of Conservation Division of Oil, Gas, and Geothermal Resources 15. Estimated Funding: a. Federal b. Applicant c. State C. State Department of Conservation Division of Oil, Gas, and Geothermal Resources 16. IS APPLICATION SUBJECT TO REVIEW BY STORDER 12372 PROCESS? a. YES, THIS PREAPPLICATION/APPLICATION/AVAILABLE TO THE STATE EXECUTIVE ORING REVIEW ON: DATE: 5-30-03 b. NO | | | | |
| Division of Oil, Gas, and Geothermal Resources States 15. Estimated Funding: a. Federal b. Applicant c. State States Division of Oil, Gas, and Geothermal Resources 16. IS APPLICATION SUBJECT TO REVIEW BY STORDER 12372 PROCESS? a. YES, THIS PREAPPLICATION/APPLICATION AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS? DATE: 5-30-03 b. NO | AND THE RESIDENCE OF THE PARTY | | | |
| a. Federal \$ 477,043 b. Applicant c. State \$ 159,933 d. Local ORDER 12372 PROCESS? a. YES, THIS PREAPPLICATION/ APPLICATION AVAILABLE TO THE STATE EXECUTIVE ORDER REVIEW ON: DATE: 5-30-03 | vide | | | |
| a. Federal \$ 477,043 a. YES, THIS PREAPPLICATION/ APPLICATION AVAILABLE TO THE STATE EXECUTIVE ORD REVIEW ON: C. State \$ DATE: 5-30-03 b. NO | ATE EXECUTIVE | | | |
| b. Applicant s 159,933 c. State s DATE: 5-30-03 b. NO | | | | |
| \$ 159,933 REVIEW ON : c. State \$ DATE: 5-30-03 d. Local b. NO | WAS MADE | | | |
| d. Local S DATE: 5-30-03 b. NO | XECUTIVE ORDER 12372 PROCESS FO | | | |
| | - | | | |
| | <u>)</u> | | | |
| e. Other OR PROGRAM HAS NOT BEEN SELECTED | | | | |
| f. Program Income 17. IS THE APPLICANT DEPINQUENT ON ANY I | EDERAL DEBT? | | | |
| \$ | | | | |
| g. TOTAL Yes If "Yes" attach an explanation. \$ 636,976 | No | | | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND C DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL CO ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | ORRECT, THE MPLY WITH THE | | | |
| | | | | |
| Hal Bopp State Oil and Gas Supervisor | elephone Number: | | | |
| d. Signature of Authorized Representative: | (916) 445-9686 | | | |
| Sporten la son / | (916) 445-9686 te Signed: | | | |

Prescribed by OMB Circular A-102

| APPLICATION FOR | | OMB Approval No. 0348-00 | | | |
|--|-----------------------------------|------------------------------|--|---|--|
| FEDERAL ASSISTA | NCE | 2. DATE SUBMITTED June 1: | 2, 2003 | Applicant Identifier | |
| 1. TYPE OF SUBMISSION: | | 3. DATE RECEIVED B | Y STATE | State Application Identifier | |
| Application Construction | Preapplication | | | | |
| Non-Construction | Construction | 4. DATE RECEIVED B | Y FEDERAL AGENCY | Federal Identifier | |
| 5. APPLICANT INFORMATION | Non-Construction | 1 | | | |
| Legal Name: | · | ~ 4. | Organizational Unit: | | |
| L YINGUN | ION GULDOI DI | GKICT | 9 | HOOI/COMMUNITY DEVELOPMENT | |
| Address (give city, county, State) | , and zip code): HOW ST., DRAI | WER P | Name and telephone this application(give a | number of person to be contacted on matters involved | |
| PIXUEN, T | VLARE COUNT | Y, CA 93256 | Rachele Bergi | UND Bailey (559) 757 381 x 148 ANT: (enter appliopriate letter in box) | |
| 6. EMPLOYER IDENTIFICATIO | N NUMBER(EIN): | | 7. TYPE OF APPLICA | ANT:(enter appropriate letter In box) | |
| | | | A. State | H. Independent School Dist. | |
| 8. TYPE OF APPLICATION: | | | B. County | I. State Controlled Institution of Higher Learning | |
| New | Continuation | Revision | C. Municipal | J. Private University | |
| . — | | | D. Township | K. Indian Tribe | |
| If Revision, enter appropriate let | | | E. Interstate | L. individual | |
| A. Incresse Awerd 8. Dec | Telepo Award C. Increas | e Duration | F. Intermunicipal G. Special District | M. Profit Organization N. Other (Specify) | |
| · • • • • • • • • • • • • • • • • • • • | specify); | 0.000 | O. Opecial Diadict | N. Other (Specify) | |
| | MM JUN 16 | 2003 빌 | 9. NAME OF FEDER | AL AGENCY: | |
| | | | UGDA RIK | 201 DEVELOPMENT | |
| 10, CATALOG OF FEDERAL D | OMESTIC ASSISTANCE NO | UMBER: LICE | 11. DESCRIPTIVE T | ITLE OF APPLICANT'S PROJECT: | |
| | SIAIE CLEARIN | 1701-1616 | | mology project to | |
| TITLE: ECONOMI | C IMPACT INITIO | ATIVE | anhania + | eaching and learning | |
| 12. AREAS AFFECTED BY PRO | DJECT(Cities, Counties, State | tes, etc.): | | | |
| | (TULARE CO | YTHUC | Itor PIXIE | y learners. | |
| 13. PROPOSED PROJECT | 14. CONGRESSIONAL DI 215T | STRICTS OF: DEL | IN NUNES | | |
| Start Date Ending Date AUB 2003 May 2004 | a. Applicant PIXLEY UNION | | h Project | and of I Dai Rot | |
| 15. ESTIMATED FUNDING: | I LIMMY ONION . | אין נאנו ואין אינו | 16 IR APPLICATION | HNOLOGY TWO ECT | |
| | | | ORDER 12372 PR | | |
| a. Federal | s 75,541 | po | A VES THIS BOE | APPLICATION/APPLICATION WAS MADE | |
| b. Applicant | | .00 | 4 | E TO THE STATE EXECUTIVE ORDER 12372 | |
| c. State | ° 27, 900 | . 04 | PROCESS | FOR REVIEW ON: | |
| | | • | DATE 6 | 16.03 | |
| d. Local | S | .00 | h No O Becom | AM IS NOT COVERED BY E. O. 12372 | |
| e. Other | \$ | . ,80 | 1 " == | GRAM HAS NOT BEEN SELECTED BY STATE | |
| f. Program Income | \$ | 200 | FOR REV | /IEW | |
| | | | 17. IS THE APPLICAT | NT DELINQUENT ON ANY FEDERAL DEBT? | |
| g. TOTAL | \$ 163,441 | 0 | Yea If "Yes," | attach an explanation. | |
| 18. TO THE BEST OF MY KNOW | VLEDGE AND BELIEF, ALI | L DATA IN THIS APPLIC | ATION/PREAPPLICA | TION ARE TRUE AND CORRECT, THE | |
| | | | IE APPLICANT AND T | HE APPLICANT WILL COMPLY WITH THE | |
| a. Type Name of Authorized Rep | | | | Lo Tologhana Number | |
| W. WAYNE CLAR | (K | b. TILLO SUPERIN | TENDENT | c. Telephone Number 559,757,3731 | |
| d. Signature of Authorized Repre | sentative | | | e. Date Signed | |
| Previous Edition Usable | | | | Standard Form 424 (Rev. 7-97) | |
| Authorized for Local Reproduction | 'n | | | Prescribed by OMB Circular A-102 | |

EXHIBIT 8(a)

| ب به د | . Department of Housing ON Urban Development | //B Approval No.2501-0017 (exp. 03/31/2005) |
|--|---|--|
| 1. Type of Submission | ate Submitted June 13, 2003 | HUD Application Number |
| Application Preapplication 3. D | ate and Time Received by HUD 5. I | Existing Grant Number |
| | 6.7 | Applicant Identification Number |
| 7. Applicant's Legal Name California Autism Foundati | 8. Organizational Unit | |
| 9. Address (give city, county, State, and zip code) A. Address: 4075 Kakeside Drive | Name,title,telephone number,fax nu- contacted on matters involving this app | |
| B.CMy: Richmond | A. Name: Katherine | |
| c. county: Contra Costa | B. Title: Consultant | |
| D. State: California | C. Phone: 415-892-97 | 06 |
| E. Zip Code: 9 4 8 0 6 | D. Fax: 413-092-00 | |
| 11. Employer Identification Number (EIN) or SSN | 12. Type of Applicant (enter appropriate | |
| 68-0149447 | | University or College |
| | B. County J | , Indian Tribe |
| 13. Type of Application | C. Municipal K | (Tribally Designated Housing Entity (TDHE) |
| New Continuation Renewal Revision | • | , Individual |
| le Bartier and a second de la constant de la consta | į. | f. Profit Organization |
| If Revision, enter appropriate letters in bαx(es) A. Increase Amount B. Decrease Amount C. Increase Duration | · · | I. Non-profit |
| D. Decrease Duration E. Other (Specify) | i ' |). Public Housing Authority . Other (Specify) |
| (| 14. Name of Federal Agency | |
| | U.S. Department of Housing an | d Urban Development |
| 15. Catalog of Federal Domestic Assistance (CFDA) Number | 16. Descriptive Title of Applicant's Prog | ram |
| THe: Section 811. | Construction o | f 9 apartments |
| Component Title: Supportive Housing | forfor very low i | ncome persons |
| | | |
| | ─ with developme | ntal disabilities |
| 17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) | with developme | ntal disabilities |
| 17. Areas affected by Program (boroughs, cities, counties, States, | - with developme | ntal disabilities |
| Areas affected by Program (boroughs, cities, counties, States, indian Reservation, etc.) | | |
| 17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) County 18a. Proposed Program start date 18b. Proposed Program end date | 19a, Congressional Districts of Applicar 7 | nt 19b. Congressional Districts of |
| 17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) County 18a. Proposed Program start date 6 / 0 4 18b. Proposed Program end dat 4 / 0 5 20. Estimated Funding: Applicant must complete the Funding Mate 21. Is Application subject to review by State Executive Order 12372 Pro | 19a, Congressional Districts of Applicar 7 ix on Page 2. cess? | nt 195, Congressional Districts of Program 7 |
| 17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) County 18a. Proposed Program start date 6 / 0 4 20. Estimated Funding: Applicant must complete the Funding Mate 21. Is Application subject to review by State Executive Order 12372 Pro A, Yes This preapplication/application was made available to | 19a, Congressional Districts of Applicar 7 ix on Page 2. cess? | nt 195, Congressional Districts of Program 7 |
| 17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) County 18a. Proposed Program start date 6 / 0 4 20. Estimated Funding: Applicant must complete the Funding Matrix 21. Is Application subject to review by State Executive Order 12372 Proposed Program is not covered by E.O. 12372 | 19a, Congressional Districts of Applicar 7 ix on Page 2. cess? | nt 195, Congressional Districts of Program 7 |
| 17. Areas affected by Program (boroughs, cities, counties, States, indian Reservation, etc.) County 18a. Proposed Program start date 6 / 0 4 20. Estimated Funding: Applicant must complete the Funding Matri 21. Is Application subject to review by State Executive Order 12372 Program is not covered by E.O. 12372 Program has not been selected by State for review. | 19a, Congressional Districts of Applicar 7 rix on Page 2. cess? the State Executive Order 12372 Process for | nt 195, Congressional Districts of Program 7 |
| 17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) County 18a. Proposed Program start date 6 / 0 4 20. Estimated Funding: Applicant must complete the Funding Matrix 21. Is Application subject to review by State Executive Order 12372 Proposed Program is not covered by E.O. 12372 | 19a. Congressional Districts of Applicar 7 ix on Page 2. cess? the State Executive Order 12372 Process for | 19b. Congressional Districts of Program 7 |
| 17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) County 18a. Proposed Program start date 6 / 0 4 20. Estimated Funding: Applicant must complete the Funding Matri 21. Is Application subject to review by State Executive Order 12372 Program is not covered by E.O. 12372 Program has not been selected by State for review. 22. Is the Applicant delinquent on any Federal debt? X No | 19a, Congressional Districts of Applicar 7 rix on Page 2. cess? the State Executive Order 12372 Process for | nt 195, Congressional Districts of Program 7 |
| 17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) County 18a. Proposed Program start date 6 / 0 4 20. Estimated Funding: Applicant must complete the Funding Matrix 21. Is Application subject to review by State Executive Order 12372 Program is not covered by E.O. 12372 Program has not been selected by State for review. 22. Is the Applicant delinquent on any Federal debt? Yes If "Yes," explain below or attach an explanation. | 19a. Congressional Districts of Applicar 7 ix on Page 2. cess? the State Executive Order 12372 Process for | 19b. Congressional Districts of Program 7 |
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| 17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) County 18a. Proposed Program start date 6 / 0 4 20. Estimated Funding: Applicant must complete the Funding Mate 21. Is Application subject to review by State Executive Order 12372 Pro A. Yes B. No Program is not covered by E.O. 12372 Program has not been selected by State for review. 22. Is the Applicant delinquent on any Federal debt? Yes If "Yes," explain below or attach an explanation. | ix on Page 2. cess? othe State Executive Order 12372 Process for | Program 7 or review on: Date 6 / 11 / 03 |
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| 17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) County 18a. Proposed Program start date 6 / 0 4 20. Estimated Funding: Applicant must complete the Funding Mate 21. Is Application subject to review by State Executive Order 12372 Proposed Program is not covered by E.O. 12372 Program has not been selected by State for review. 22. Is the Applicant delinquent on any Federal debt? Yes If "Yes," explain below or attach an explanation. | 19a. Congressional Districts of Applicar 7 rix on Page 2. cess? o the State Executive Order 12372 Process for | Program 7 or review on: Date 6 / 11 / 0 3 |

Previous versions of HUD-424 and 424-M are obsolete

Page 1 of 2

form HUD-424 (01/2003) ref. OMB Circular A-102

::

Funding Matrix The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications. Total Local/Tribal Other HUD Other Federa State Program аин Applicant Grant Program* Income Share Share Share Share Match Funds 2480d80 1183179 9000b 811 27690 3000d0 63000**0** 27690**1**30000lo 2480080 1183179 53000d 90000 For FHIPs, show both initiative and component Certifications I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage. This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding

Previous versions of HUD-424 and 424-M are obsolete.

the agreement.

23. Signature of Authorized Official

TRIG President

Page 2 of 2

Name (printed) Richard

Goldberg Date (mm/dd/www.

form HUD-424 (01/2003) ref. OMB Circular A-102

| | | | OMB Approval No. 0348-0043 | | | |
|--------------------------------|---|---|---|--|--|--|
| | | 2. DATE SUBMITTED | Applicant Identifier | | | |
| | | | | | | |
| NCE | | 3. DATE RECEIVED BY STATE | State Application Identifier | | | |
| Preapplication | | | | | | |
| ☐ Construction | | | | | | |
| □ Non-Construction | | 4. DATE RECEIVED BY FEDERAL AC | GENCY Federal Identifier | | | |
| N N | | | 27 17 17 | | | |
| | | Organizational Unit: | Apply B. B. W. B. Inl | | | |
| opolitan Transportation | Authority | Programming and Policy | on to be contacted on matters involving this application (give | | | |
| code): | | | 11 < 1 11 21 11 21 11 21 11 21 11 21 11 21 11 21 11 21 2 | | | |
| 279 | | | 111 JUN 15 7 12 | | | |
| itarnia 90012-2952 | | | La land | | | |
| 1101 ma >0012 2>02 | | (213) 922-3093 | 0.1101105 | | | |
| (TITAL) | | | priate letter in box N | | | |
| | | 7. TYPE OF APPLICANT: (enter appro | but the series in post of the series in the | | | |
| 3 | | A State H Independent Sch | nool Dist. | | | |
| | | B County I State Controlled | Institution of Higher Learning sity | | | |
| X Revision | | D Township K Indian Tribe | | | | |
| | 4 | E Interstate L Individual | ization | | | |
| etter(s) in box(es): A – incr | ease award | G Special District N Other (Specif | y) | | | |
| ease Award C Increase D | uration | i i | | | | |
| | | | JISH ICL | | | |
| | | 9. NAME OF FEDERAL AGENCY: | stration | | | |
| | | 11 DESCRIPTIVE TITLE OF APPLIC | CANTS PROJECT: | | | |
| DOMESTIC 20 - 5 | 00 | | | | | |
| 5 200 | | Regional Grantee Buses and Facilities | | | | |
| | | - | | | | |
| ROJECT (cities, counties, star | es, etc.) | | | | | |
| lale, Palmdale and Sou | th Pasadena in Los | | | | | |
| | | | | | | |
| 14. CONGRESSION | L DISTRICTS OF | | | | | |
| Ending Date | a. Applicant | b. | Project | | | |
| | | | 25, 27, 28, and 29 | | | |
| 3/31/2005 | 25 through 59, 42, 40 | | #U, #1, #U, WITE | | | |
| | | | ODDER 14254 PROCESS | | | |
| | 16. IS APPLICATIO | ON SUBJECT TO REVIEW BY STATE E | EXECUTIVE ORDER 12372 PROCESS? SMADE AVAILABLE TO THE STATE EXECUTIVE | | | |
| 1,237,537.00 | a VESTHIS P | REAPPLICATION APPLICATION WAS | S WADE AVAILABLE TO THE STATE BASSOTT. B | | | |
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| | DATE06. | 5/12/2003 | | | | |
| | b NO□ PR | OGRAM IS NOT COVERED BY E O 12 | 372 | | | |
| | | | | | | |
| | _ | | D DV CTATE EOD DEVIEW | | | |
| | | PROGRAM HAS NOT BEEN SELECTE | D BY STATE FOR REVIEW | | | |
| .00 | □ or | PROGRAM HAS NOT BEEN SELECTE | D BY STATE FOR REVIEW | | | |
| .00 | □ OR! | PROGRAM HAS NOT BEEN SELECTE | D BY STATE FOR REVIEW | | | |
| .00 8,362,107.00 | OR! | PROGRAM HAS NOT BEEN SELECTE | D BY STATE FOR REVIEW | | | |
| .00 8,362,107.00 .00 | | | | | | |
| .00 8,362,107.00 | 17. IS THE APPLIC | CANT DELINQUENT ON ANY FEDERA | | | | |
| .00 8,362,107.00 .00 | 17. IS THE APPLIC | | | | | |
| .00 8,362,107.00 .00 | 17. IS THE APPLIC | CANT DELINQUENT ON ANY FEDERA | | | | |
| | Construction Non-Construction Non-Construction Non-Construction Code Code Code Code Code Code Code Code | Preapplication Construction Non-Construction ON ropolitan Transportation Authority code): aza lifornia 90012-2952 TION NUMBER (EIN): 5 Existence Revision letter(s) in box(es): A - increase award rease Award C Increase Duration r (specify) L DOMESTIC 2 0 - 5 00 5309 ROJECT (cities, counties, states, etc.) dale, Palmdale and South Pasadena in Los 14. CONGRESSIONAL DISTRICTS OF | NOCE | | | |

c Telephone number

(213) 922-2456

b Title

Deputy Executive Officer, Programming & Policy Analysis e. Date Signed

6/11/2003

a Typed Name of Authorized Representative

d. Signature of Authorized Representative

FRANK FLORES

Previous Editions Not Usable

| APPLICATION FOR FEDERAL ASSISTA | | 2. DATE SUBM | NTTED | | Applicant Identifier | OMB A | Approval N | o. 0348- | 0043 |
|--|------------------------------------|------------------|--------------|---|---|--|------------------------|---------------|---------------|
| 1. TYPE OF SUBMISSION: | | 0 5175 5505 | | | | | | | |
| | | 3. DATE RECE | IVED BY STAT | E | State Application Identifier | | | | |
| Application F | reapplication | | | | | | | | |
| Construction | Construction | 4. DATE RECEI | VED BY FEDER | RAL AGENCY | Federal Identifier | | | | |
| Non-Construction | Non-Construction | | | | | | | | l |
| 5. APPLICANT INFORM | MATION | | | | | | | | |
| Legal Name: | | | | Organization | nal Unit: | ······································ | | | |
| Address (give city, county, st | ate, and zip code): | | | Name and te | elephone number of person to | be conta | cted on ma | tters invo | lving |
| Fresno County 210 South Aca | Fire Prot | ection | Dist. | this applicat | ion <i>(give area code)</i> | | | | |
| Sanger, Calif | fornia 9365 | 7 | | Gabr | iel Arriaga (| 559) | 297-0 | 0806 | |
| Sanger, Calif | N (EIN): | | | 7 TYPE OF | APPLICANT: (enter appipilate | lattar in | havi | ···· | |
| 9 4 _ 1 | 7 5 0 5 | | | A. State | H. Independen | | | | 3 |
| 8. TYPE OF APPLICATION: | | | | B. Count C. Munic | y I. State Contr | olled Insti | | gher Learr | ning |
| তি | П. | | _ : | D. Towns | ihip K. Indian Tribe | | | | |
| | New Cont | inuation I | Revision | E. Interst F. Interm | ate L. Individual unicipal M. Profit Organ | nization | | | |
| If Revision, enter appropriate | letter(s) in | | | | l District N. Other (Spec | ify) | | | |
| i | B. Decrease Award Other (specify): | C. Increase Di | uration | | | | | | |
| | | | | Q NAME OF | FEDERAL AGENCY: | | | | |
| | | | | | Rural Develor | mont | | | |
| | | | ********** | USDA- | _kurar peverol | ment | | | |
| 10. CATALOG OF FEDERAL D | OMESTIC ASSISTANCE | E NUMBER: | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: | | | | | |
| | 1 | 0 - 7 | 6 6 | Fire | Protection Ed | via licromo | ont o | | |
| TITLE: | <u> </u> | | | 1110 | 110cection be | | ere G | EI | |
| 12. AREAS AFFECTED BY PRO | DJECT (Cities, Counties | s, States, etc.) | | | | | | | |
| į | | | | | | (nll | | | |
| Del Rey, Cal | | | | | | | JUN | 1 1 6 | SUUS |
| San Joaquin. 13. PROPOSED PROJE | CT 14 CONCE | ECCIONAL D | VETRICTS (| <u> ОС.</u> | | | - | | |
| Start Date Ending Date | a. Applicant | ESSIONAL D | is inicis (| b. Proj | ant | | | · | |
| | | - | 2011 5 | | | J CT | TE OF | CADIA | 10/10 |
| | | ooley - | 20th D | | <u>. Dooley - 20t</u> | | SILL UL | <u>CARII)</u> | <u>ILI</u> ML |
| 15 | . ESTIMATED FU | NDING | | I. | APPLICATION SUBJECT TO | REVIEW B | Y STATE E | KECUTIVE | - |
| a. Federal | \$ 55,384 | | | 00 | RDER 12372 PROCESS? YES. THIS PREAPPLICATION | | | | |
| b. Applicant | \$ 18,461 | | | .00 | AVAILABLE TO THE S 12372 PROCESS FOR | | | IDEH | |
| c. State | \$ | | | .00 | DATE | | | | |
| d. Local | \$ | | | .00 b. | NO PROGRAM IS NOT | COVERE | D BY E.O. | 12372 | |
| e. Other | \$ | | | .00 | OR PROGRAM HA | S NOT BI | | | |
| f. Program Income | \$ | | | .00 17. IS | THE APPLICANT DELINQUEN | | / FEDERAL | DEBT? | |
| g. Total | \$73,845 | | | .00 | YES (Attach explanation) | X NO | | | |
| 18. TO THE BEST OF N CORRECT, THE DOCUI APPLICANT WILL COM | MENT HAS BEEN | DULY AUT | HORIZED B | BY THE GO | OVERNING BODY OF T | THE AP | ON ARE | TRUE AI | ND HE |
| a. Type Name of Authorized Re | presentative | | b. Title | | ************************************** | c. Telep | none Numbe | эг | |
| Larry Germa | ın | | Divi | sion C | hief | (559 |) 485 | -7500 |) |
| d. Signature of Authorized Rep | <i>a</i> | | <u> </u> | | | e. Date | | | - |
| Previous Edition Usable | 7-1- | ran | | | | 6- | 9-20 | | |
| AUTHORIZED FOR LOCAL REPI | RODUCTION | | | | | | ORM 424 Circular A- | | 92) |

U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

| | | 2. Date S | Submitted | 4. HUD | Application Number | | |
|--|--|---------------|--|--------------------------|-----------------------------------|-------|--|
| 1. Type of Submission | | 6/1 | 3/03 | | 4-1 | | |
| X Application | Preapplication | 3. Date a | nd Time Received by HUD | 5. Existing Grant Number | | | |
| | | | | 6. Appl | icant Identification Nu | ımber | |
| 7. Applicant's Legal Name AHEP | A National Housing Coη | poration | 8. Organizational Unit | | | | |
| AHEPA National Housing Corporation 9. Address (give city, county, State, and zip code) A. Address: 7202 N. Shadeland Ave. Suite 100 B. City: Indianapolis C. County: Marion D. State: Indiana E. Zip Code: 46250 11. Employer Identification Number (EIN) or SSN 52-1295814 13. Type of Application X New Continuation Renewal Revision If Revision, enter appropriate letters in box(es) A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify) | | | 10. Name,title,telephone number,fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Demetri N. Damaskos B. Title: Director of Development C. Phone: 317-845-5890 D. Fax: 317-567-0031 E. E-mail: ddamaskos!@ahepamgmt.org 12. Type of Applicant (enter appropriate letter in box) A. State I. University or College B. County J. Indian Tribe C. Municipal K. Tribally Designated Housing Entity (TDI) D. Township L. Individual E. Interstate M. Profit Organization F. Intermunicipal N. Non-profit G. Special District O. Public Housing Authority H. Independent School District P. Other (Specify) | | | | |
| | | | 14. Name of Federal Agency U.S. Department of Housin | | | • | |
| Title: SECTION 202 (Component Title: HOUSING FOR Trick HOUSING FOR | CA THE LOW INCOME EL Ighs, cities, counties, Sta | ates, | 16. Descriptive Title of Applicant CONSTRUCTION OF ONE BE INDEPENDENT LIVING FOR | ʻs Progran DROOM | ı UNITS | | |
| 18a. Proposed Program start date 6/5/04 | 18b. Proposed Program 6/5/06 | end date | 19a. Congressional Districts of A 16th - Indiana | pplicant | 19b. Congressional | | |
| 20. Estimated Funding: Applicant m | ust complete the Fund | ing Matrix | on Page 2. | | <u> </u> | | |
| B. No Program is not cove | application was made a | vailable to t | ess? he State Executive Order 12372 I | Process fo | r review on: Date_ ^{5/1} | 14/03 | |
| 22. Is the Applicant delinquent on any Yes If "Yes," explain below o | Federal debt? X | No | DEGE JUN 1 | | | | |

| Funding Ma | atrix | | | | | | | | |
|--|--|--|---|---|---|---|--|--|--------------|
| B | st provide the funding n | | elow, listing ea | ach program fo | r which HUD fi | unding is beinç | 3 | | |
| requested, and co | emplete the certification | IS. | | | | | | | |
| Grant Program* | HUD Share | Applicant Match | Other HUD Funds | Other Federal | State Share | Local/Tribal Share | Other | Program Income | Total |
| SECTION 202 CA | 6,103,844.00 | 25,000.00 | | | | | | | 6,129,046.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| Grand Totals | 6,103,844.00 | 25,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 6,128,844.00 |
| | | | | | | | | | |
| Certification | | | | | | | | | ****** |
| I certify, to the beautiful congress, an office of this Federal gran or will be paid for in Disclosure Form to similarly certify and Federally recognities a result of the extribes and TDHEs. This application in the funding you are | ast of my knowledge and any person for influence or employee of Congot or its extension, rene of Report Lobbying. I can disclose accordingly. Izad Indian Tribes and the exercise of the tribe's so established under State of the Assurance seeking the Assurance application is true and | cing or attempt gress, or an em- ewal, amendme- ig to influence the ertify that I shall tribally designal overeign power te law are not eances and Certific ces and Certific | ting to influence in ployee of a Meent or modification in the persons list in require all substantial for a reason excluded from the inflications (HUD) cations current | te an officer or officer or officer or officer. If funds of the debove, I show that awards at all officer. The statute's concording the statute's concording the with Head of the statute of the officer. | employee of ar gress, in conne- other than Fede- hall complete ar I tiers (including) established by of the Byrd An overage. ed to this application. | n agency, a Me ection with the a eral appropriate and submit Star g sub-grants an by Federally-rec mendment, but ication or renew pest of my know | ember of awarding led funds have indard Form-LLI lind contracts) to cognized Indiar t State-recogniz ws and incorporated and belie | L, o - n tribes zed Indian orates for lief, all | |
| 23. Signature of Au | Ithorized Official | 1/1/ | 11 6 | | Name (printed | l) | Nick 5 | Stratas | |
| Title | | | [u] = | <u> </u> | | | Date (mm/dd/ | yyyy) 05/27/20 | |
| | | Pr | resident | | | , | i (| 05/27/20 | 003 |

| APPLICATION FOR | | | | OMB Approval No. 0348-0043 | | |
|--|-------------------------------------|--|-----------------------------------|--|--|--|
| FEDERAL ASSISTAN | ICE | 2. DATE SUBMITTED | | Applicant Identifier | | |
| 1. TYPE OF SUBMISSION: | | 3. DATE RECEIVED BY | STATE | State Application Identifier | | |
| Application Construction | Preapplication Construction | 4. DATE RECEIVED BY | FEDERAL AGENCY | Federal Identifier | | |
| Non-Construction | Non-Construction | 4. DATE RECEIVED D. | LDLIGILIGATIO | | | |
| 5. APPLICANT INFORMATION | L Hon-oonstruction | | | | | |
| Legal Name: | | , | Organizational Unit: | | | |
| augu. Hame | | | | | | |
| Address (give city, county, State, | and zip code): | | | number of person to be contacted on matters involving | | |
| Fresno County I | Fire Protecti | on District | this application (give area code) | | | |
| 210 South Acade | emy | Gabriel A | Arriaga (559)297-0806 | | | |
| Sanger, Califor 6. EMPLOYER IDENTIFICATION | cnia 93657 NUMBER <i>(FIN)</i> : | | 7. TYPE OF APPLICA | ANT: (enter appropriate letter in box) | | |
| | [5 1 1 | | A. State | H. Independent School Dist. | | |
| 8. TYPE OF APPLICATION: | | | B. County | State Controlled Institution of Higher Learning | | |
| | | Revision | C. Municipal | J. Private University | | |
| ⊠ New | ☐ Continuation | L] Revision | D. Township | K. Indian Tribe | | |
| If Revision, enter appropriate lett | er(s) in box(es) | | E. Interstate | L. Individual | | |
| The transfer of the transfer o | | | F. Intermunicipal | M. Profit Organization | | |
| A. Increase Award B. Dec | rease Award C. Increas | e Duration | G. Special District | N. Other (Specify) | | |
| D. Decrease Duration Other(s | specify): | | 9. NAME OF FEDERA | AL AGENCY: | | |
| | | and the same of th | USDA - Rural Development | | | |
| | DMECTIC ACCICTANCE N | IIMDED: | 11 DESCRIPTIVE TO | TLE OF APPLICANT'S PROJECT: | | |
| 10. CATALOG OF FEDERAL DO | | | Fire Protection Equipment | | | |
| | | 1 0 - 7 6 6 | Fire Pro | rection Eduthment | | |
| TITLE: | | | | | | |
| 12. AREAS AFFECTED BY PRO | DJECT (Cities, Counties, Sta | ates, etc.): | | | | |
| Mendota, Cal: | | | | | | |
| 13. PROPOSED PROJECT | 14. CONGRESSIONAL D | ISTRICTS OF: | | | | |
| Start Bata Fading Data | a. Applicant | | b. Project | | | |
| Start Date | 1 | - 20th Dist. | C Doole | y - 20th Dist. | | |
| 15. ESTIMATED FUNDING: | , c. Dooley | 2001 2220 | 16. IS APPLICATION | SUBJECT TO REVIEW BY STATE EXECUTIVE | | |
| 13. ESTIMATES TOMBING. | | | ORDER 12372 PI | ROCESS? | | |
| a. Federal | \$ | .00 | 7 | TO MAKE CALLED | | |
| | 5,416 | | a. YES. THIS PRE | APPLICATION/APPLICATION WAS MADE E TO THE STATE EXECUTIVE ORDER 12372 | | |
| b. Applicant | \$ | .00 | | FOR REVIEW ON: | | |
| | 4,430 | 00 | PROCESS | FOR NEVIEW ON. | | |
| c. State | \$ | • | DATE | | | |
| d. Local | \$ | .00 | 1 | 0 49979 | | |
| d. 2000. | | | b. No. PROGR | AM IS NOT COVERED BY E. O. 12372 IGRAM HAS NOT BEEN SELECTED BY STATE | | |
| e. Other | \$ | 06 | FOR RE | | | |
| f. Program Income | \$ | .00 | 17 IS THE APPLICA | NT DELINQUENT ON ANY FEDERAL DEBT? | | |
| | \$ | 00 | | attach an explanation. | | |
| g. TOTAL | 0.046 | | l | | | |
| 18. TO THE BEST OF MY KNO | WLEDGE AND BELIEF, A | LL DATA IN THIS APPLI | CATION/PREAPPLICA | TION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE | | |
| DOCUMENT HAS BEEN DULY | AUTHORIZED BY THE G | OVERNING BODY OF IT | HE APPLICANT AND | THE APPLICANT WILL COMPLY WITH THE | | |
| ATTACHED ASSURANCES IF | THE ASSISTANCE IS AW | b. Title | | c. Telephone Number | | |
| a. Type Name of Authorized Re Larry Ger | presentative man | Division | Chief W B | | | |
| d. Signature of Authorized Repr | | | | e. Date Signed | | |
| | 100000 | | 11111 1 C 0000 | Standard Form 424 (Rev. 7-97) | | |
| Previous Edition Usable Authorized for Local Reproducti | on | | IUN 1 6 2003 | Prescribed by OMB Circular A-102 | | |
| | | I CATATE | OLEVDINO IIO | NICE | | |
| | | CLEARING HOUSE | | | | |

| APPLICATION FOR | | | | The state of the s | | |
|--------------------------------------|--|---------------------|---|--|--|--|
| FEDERAL ASSISTAN | - ASSISTANCE 2. DATE SUBMITTED June 13 | | 3 2003 | Applicant Identifier | | |
| 1. TYPE OF SUBMISSION: | | 3. DATE RECEIVED B | | State Application Identifier | | |
| Application | Preapplication | 3. DATE RECEIVED B | N OIAIL | Cata Application (Common | | |
| Construction | Construction | 4. DATE RECEIVED B | Y FEDERAL AGENCY | Federal Identifier | | |
| Non-Construction | Non-Construction | | | | | |
| 5. APPLICANT INFORMATION Legal Name: | | | Organizational Unit: | | | |
| Pacific Senior Housin | g, Inc. | | | | | |
| Address (give city, county, State, | and zip code): | | Name and telephone this application (give a | number of person to be contacted on matters involving | | |
| 10412 SE 82'd Ave., | Portland, OR 9726 | Da | ive Bilby 503-788-8806 | | | |
| 6. EMPLOYER IDENTIFICATION | NUMBER (EIN): | 7. TYPE OF APPLICA | ANT: (enter appropriate letter in box) | | | |
| 9 4 - 3 2 6 0 | 9 2 5 | A Chata | H. Independent School Dist. | | | |
| 8. TYPE OF APPLICATION: | | | A. State B. County | I. State Controlled Institution of Higher Learning | | |
| New | ☐ Continuation | Revision | C. Municipal | J. Private University | | |
| _ | | 1 | D. Township E. Interstate | K. Indian Tribe L. Individual | | |
| If Revision, enter appropriate lette | er(s) in box(es) | | F. Intermunicipal | M. Profit Organization | | |
| A. Increase Award B. Dec | rease Award C. Increase | e Duration | G. Special District | N. Other (Specify) Non-profit | | |
| D. Decrease Duration Other(s | specify): | | 9. NAME OF FEDER | AL AGENCY: | | |
| | | Walliand Comment | USDA Rural Dev | velopment | | |
| 10. CATALOG OF FEDERAL DO | MESTIC ASSISTANCE N | JMBER: | 11. DESCRIPTIVE TI | TLE OF APPLICANT'S PROJECT: | | |
| | | 1 0 - 7 6 6 | Purchase exisitir | ng 56 unit assisted living facility and | | |
| TITLE: Community F | Facility Loan | | convert from for-profit ownership to non-profit ownership | | | |
| 12. AREAS AFFECTED BY PRO | | ites, etc.): | 1 ' | to provide affordable assisted living project to Nevada County | | |
| Grass Valley, Nevada Cor | untv. CA | | County | | | |
| 13. PROPOSED PROJECT | 14. CONGRESSIONAL DI | STRICTS OF: | | | | |
| Start Date Ending Date | a. Applicant | | b. Project | | | |
| 2/1/04 4/1/04 | ., | | | 4th District | | |
| 15. ESTIMATED FUNDING: | | | 16. IS APPLICATION ORDER 12372 PI | SUBJECT TO REVIEW BY STATE EXECUTIVE ROCESS? | | |
| a. Federal | \$ | 4 500 000 | | | | |
| | | 4,500,000 | | APPLICATION/APPLICATION WAS MADE E TO THE STATE EXECUTIVE ORDER 12372 | | |
| b. Applicant | \$ | • | PROCESS FOR REVIEW ON: | | | |
| c. State | \$ | .00 | | 06/13/03 | | |
| | \$ | 00 | DATE | | | |
| d. Local | . | • | b. No. PROGR | AM IS NOT COVERED BY E. O. 12372 | | |
| e. Other | \$ | .00 | | GRAM HAS NOT BEEN SELECTED BY STATE | | |
| | | 00 | FOR RE | VIEW | | |
| f. Program Income | \$ | ." | 17. IS THE APPLICA | NT DELINQUENT ON ANY FEDERAL DEBT? | | |
| g. TOTAL | \$ | 4,500,000 | | attach an explanation. | | |
| 18. TO THE BEST OF MY KNOW | VLEDGE AND BELIEF, AL | L DATA IN THIS APPL | ICATION/PREAPPLICA | TION ARE TRUE AND CORRECT, THE | | |
| 1 | | | HE APPLICANT AND T | HE APPLICANT WILL COMPLY WITH THE | | |
| a. Type Name of Authorized Rep | | h Title | | c. Telephone Number | | |
| John K. Heye | | Agent | | 503-221-9598 | | |
| d. Signature of Authorized Repre | sentative · | | GEIVE | Dele Signed 13, 2003 | | |
| Previous Edition Usable | | 11111-3 | <u> </u> | Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102 | | |
| Authorized for Local Reproductio | П | | 4 & ^^^ | Treatmed by Olvid Circular 7. 102 | | |
| | | | JUN 1 6 2003 | | | |
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| | | CTATE | CLEARING HO | ĪISE | | |
| | | SIAIE | CLEANING HU | USL | | |